CHEMIST & DRUGGIST

The newsweekly for pharmacy

May 21, 1994

Sharpe out as one new face joins Council

AGM challenges Society over CPMG elections

Responding to change: Vantage offer options

Update: a stoma nurse speaks up

BRM seeks ban to residential home 'gifts'

How to tilt the playing field in pharmacy's way

DoH to look at 100pc advance

SB's Augmentin patent attacked

OK gingivitis you asked for it

As a pharmacist you know there's no better name than Corsodyl for the treatment of gingivitis. No more reassuring sight to the professional eye than the phrase '0.2% chlorhexidine', which appears on every bottle of Corsodyl Mouthwash.

It's not surprising then that Corsodyl Mouthwash has your firm recommendation (for not only gingivitis but also gingival healing following surgery and mouth ulcers too). You would not want your customers to tackle oral infection without some serious healing power on their side.

CORSODYL

0.2% w/v chlorhexidine gluconate

Give gingivitis the medicine it deserves

PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** *Spray and Mint Mouthwash*: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. *Mouthwash*: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. *Dental Gel*: A clear colourless gel containing 1% w/w chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** *Spray*: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. *Mouthwash and Mint Mouthwash*: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. *Dental Gel*: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** **'Corsodyl' Spray** (PL0079/0311) 60 ml (OP) £3.08 **'Corsodyl' Mouthwash** (PL0079/0313) 300 ml (OP) £1.38 **'Corsodyl' Mint Mouthwash** (PL0079/0312) 300 ml (OP) £1.38 **'Corsodyl' Gel** (PL0079/0314) 50g (OP) £0.91 **'Corsodyl' is a trademark. Legal Category P.** Date of last revision December 1993.

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Comment

It's been a busy week in the political arena, and not just at the Palace of Westminster. Strong evidence of a protest vote can be seen in the Council election results this week, with Hassan Argomandkhah being swept aboard while David Sharpe failed to be re-elected. The Society has also been facing up to the (mostly) young turks at both the annual general meeting last Wednesday and the branch representatives' affair the following day.

Mark Koziol's call for a greater proportion of the Society's income to be spent upon the membership rather than the administrative nucleus at Lambeth was a recurring theme in both events. It is a vote catcher that those who take only a passing interest in the Society's affairs can easily identify with. Those with a greater knowledge of what Lambeth does on behalf of pharmacists know it is not that simple. "The membership" is a bottomless pit as far as expenditure is concerned, and one wonders how much influence the money question has had on matters where Council has been taken to task.

It is to be hoped Council will heed the AGM call for its election procedures to be overhauled. New Council member Peter Curphey was right in saying something needs to be done if only because the present rules are being widely flouted (usually an indication that they no longer fit their purpose). But whether the Society will wish to take over the hustings organised by the Young Pharmacists Group (which complains of the expense of organising the event!) remains to be seen.

The Community Pharmacists Membership Group looks set to haunt Council for some time to come. Bruce Rhodes, a veteran of Society affairs, warned it would be an expensive, bureaucratic nightmare. Yet the Society cannot ignore a second AGM motion calling for the Group to be formally constituted. While over £8,000 in fees have been collected, this will not cover the costs of running the proposed group, so the Society will be faced with finding the money elsewhere. The Cheshire Branch wants the Society to cover all expenses of branch delegates attending the British Pharmaceutical Conference. Certainly community pharmacists, who might benefit, are relatively poorly represented at the event. If the same number of branch delegates attend the BPC this year as last (a not particularly impressive 119) the Society would be looking at a bill of £26,000 — or roughly one staff post at Lambeth.

These examples individually do not amount to much, but they are indicative of the financial pressures on the Society's income. The budget will only stretch so far. It is healthy, though, to see those outside the administrative inner circle seeking to influence how their Society spends its money.

Sharpe loses his place as Council takes on board one new face

David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee, has lost his place on the Royal Pharmaceutical Society's Council.

Mr Sharpe floundered at the final exclusion stage, allowing Hassan Argomandkhah, Peter Curphey and Linda Stone to take their places on Council.

Mr Sharpe said he was "very disappointed and very surprised" at the way the electorate had reacted. Pharmacists had perhaps voted for him in his position as chairman of PSNC, rather than as a Council member. He thought their decision reflected the recent changes in PSNC and a general discontent with the Government.

He intends now to speak out more against Council policy when he sees fit — something he had felt reluctant to do before.

The only other Council member failing to get re-elected, Dr Hopkin Maddock, said it was "the fortunes of war. You should not go into elections if you don't expect to lose as well as win".

One consolation for Dr Maddock is that he was elected the first chairman of the new Association of LPC Secretaries at the weekend.

The fresh face on Council, Hassan Argomandkhah, was delighted with the result. "I will try not to let the electorate down," he said. He pledged to continue to defend the interests of community pharmacists.

He believed the results indicate that the Society's membership is now monitoring the Council to make sure it is looking out for their interests.

Topping the poll was Peter Curphey, who expressed his relief at being back on Council after a two-year hiatus, although he couldn't say whether his belief in the Community Pharmacy Membership Group shifted things in his favour.

He hoped his election was "a victory for change in the way we have been doing things, although it's a shame to lose experience [from Council]".

The main challenge facing Council was "to get back on level terms with this Government and figure out how to get back in partnership not in conflict", he said.

David Sharpe

Hassen Argomandkhah

Peter Curphey

Linda Stone also makes a re-appearance after a one-year absence. She was also delighted and promised to "work for the best interests of the profession to the best of my ability".

In addition to addressing the issues of standards within pharmacy, she believed that Council must communicate with the membership and ensure the profession does not divide.

Successful re-elected candidates were: Gordon Applebe, Alison Blenkinsopp, John Carr and Nicholas Wood.

Gordon Appelbe said he is pleased "to be able to carry on the work that I have started".

Council member Hemant Patel is looking forward to working with his new colleagues. "I think Peter will make a useful contribution to debates and Hassan has a lot of ideas about PR and the need for adequate remuneration," he commented.

Andrew Burr, chairman of the Young Pharmacists Group, felt the change was "refreshing", as the RPSGB membership has opted for change over the election of "Establishment" figures.

He believed that the YPG Council candidate hustings, which provided voters with more information regarding each candidates' policies, contributed to this change.

Encouraged by the results, Mr Burr confirmed that the YPG will now actively consider putting up a candidate for the first time.

Of 39,093 ballot papers distributed, some 10,008 were returned (25.6 per cent) of which 108 were invalid/spoiled.

Rules for GPs on private scripts

Doctors may in future write private prescriptions for NHS patients at the patient's request or consent.

This confirmation is given in a circular issued by the NHS Executive to family health services authorities, and clarifies the rules on private prescriptions.

The circular says that an NHS prescription should be written if the patient is exempt from charges. The only exception is where the patient requests drugs from schedules 10 or 11 (and in the latter case where the patient falls outside the categories specified).

National Health Service GPs cannot charge patients a fee for writing a private prescription except where the GP doubts a patient's claim for NHS treatment through failure to produce a medical card, or when prescribing drugs for the patient to take if illness occurs outside the UK.

Dispensing doctors cannot charge health service patients for dispensing private prescriptions except in the two cases above, or if the drugs are listed in schedules 10 or 11.

A doctor can charge an NHS patient a fee for travel immunisation, but only when no remuneration is payable by the FHSA.

Boots' bomb defused

A fire bomb planted in a Plymouth town centre Boots' store was successfully defused by bomb squad experts last Saturday. No injuries were reported.

But the busy New George Street pharmacy had to be evacuated and closed to the public.

No one had claimed responsibility for the May 14 bomb at the time *C&D* went to Press, but an animal rights group, called the "Justice Department", has put its name to earlier bomb hoaxes at the store. The most recent was over the last Bank Holiday when part of the town centre was sealed off.

A bomb squad spokesman said: "On this occasion, the item was made safe without a controlled explosion inside the building.

"How much damage could have been caused by the device depends on the amount of explosive. It is possible that it could have been victim-operated — designed to function when handled."

He added: "It would be a mistake to consider any type of device left by any organisation to be amateur."

PSNC rejects Middlesex Group's claims

The Pharmaceutical Services Negotiating Committee has refuted claims by the Middlesex Pharmaceutical Group that it had ignored the wishes of the contractors in accepting this year's pay offer.

Stephen Axon, secretary of the PSNC, said that the Group's letter of March 24, expressing its concerns, had received "more than a 'mere acknowledgement'". The letter (*C&D* May 14, p793) had been placed before the PSNC negotiating team prior to its meeting with the Department of Health. The Group was informed of this action and at the time it considered the PSNC's response to be appropriate.

The PSNC had to make a settlement prior to the LPC conference since its term of office expired on April 30, argued Mr Axon. Having conducted the negotiations, the Committee felt that the decision should be made by those in office at the time.

The PSNC stressed that it is elected to negotiate on behalf of contractors and dismissed as cumbersome the Group's notion that the decisions should be made by the LPC conference.

The wishes of the contractors had not been ignored and Mr Axon stated that "no gain would be made by contractors if the PSNC ducked the responsibility of taking difficult decisions".

Common payments for appliances?

The Government-commissioned report by Touche Ross into the supply of appliances on the NHS has recommended that there should be a common system of payment for both pharmacy and appliance contractors.

The Pharmaceutical Services Negotiating Committee, meeting last week, was "satisfied with the generality of the report" and will be responding in detail to the Department.

- The PSNC negotiating team for the coming year will comprise chairman David Sharpe and deputy chairman David Coleman, Marshall Davies (Company Chemist Association), plus Barry Andrews, David Plumb, Hemant Patel, Ian Phillips and Allen Tweedie.

RPSGB president optimistic

The dramatic changes under way in the NHS offer great opportunities for pharmacists to extend their contribution to the health of the nation — subject to adequate resources being made available to them, says Royal Pharmaceutical Society president Nick Wood.

The core role of pharmacists will continue to revolve around the supply of medicines, and increasingly they will accept responsibility with others for the outcome of therapy, he predicted to the Royal Pharmaceutical Society AGM last Wednesday.

"I do not wish to devalue additional roles that community pharmacists may undertake," he said. "But in practice they can only be provided because of the convenient local position of the pharmacy and because the core role is being discharged."

The RPSGB is convinced that control of entry into the contract to provide NHS services is vital. However, there is a need to simplify the system.

Mr Wood hoped that the Department of Health, in "refreshing" the procedures, would take up the idea of a framework of open, closed, intermediate and designated areas as proposed by the Society.

• RPSGB treasurer William Darling reported that the Society achieved a £1.6 million surplus after tax during 1993. Much of this came from sales of the new edition of Martindale.

The budget for 1995 includes a proposal to raise the retention fee by 1.5 per cent.

Mr Darling also gave out the number of staff employed by the Society in various salary bands:

Under £20,000	**109**
£20,000-30,000	**67**
£30,000-40,000	**34**
£40,000-50,000	**8**
Above £50,000	**6**
Total	**224**

NHS complaints streamlined

Pharmacists, as well as other health professionals, will have complaints made against them channelled through a single body, if Government recommendations go through.

The Department of Health is holding a three-month consultation period on "Being heard", a review of the NHS complaints procedure.

The National Pharmaceutical Association will make its recommendations on behalf of its members.

Society under pressure on CPMG and election rules

The Royal Pharmaceutical Society is under renewed pressure to press ahead with elections for the Community Pharmacy Membership Group and to revise the Council election procedures.

Motions calling for the CPMG election to be held by September 30 and for the Society to organise a hustings and allow limited canvassing during Council elections were both passed by a large majority at the Society's annual meeting last Wednesday at Lambeth.

Andrew Burr (Mid-Glamorgan East) proposed that *"the election for the CPMG committee should be held by September 30 and that the membership application should be included on the annual RPSGB retention form"*.

The Group was to be a forum of opinion, but was degenerating into a "complete farce", he said. It was to their credit that so many people had paid the £10 fee in the two months before the Council decided to put the Group on hold.

He was critical of the Society's efforts to promote the new Group, whose membership now stands at 840. Who is now going to join a group which they cannot see going anywhere, he asked?

Peter Curphey (Isle of Man), angry at the "machinations that have been going on since January by some Council members", said an AGM vote should be binding on any organisation.

The future of the Group is entirely at the whim of Council, he continued, and accused it of abusing its powers. Was Council in a position to determine whether the Group as it stood was representative, he asked?

Gerald Zeidman (Barnet) felt there had been insufficient time for pharmacists to join the Group before the election was cancelled. There had never been any hint that a number threshold would have to be crossed before the Group went ahead, he said. Those who have joined are as representative as the existing community pharmacy subcommittee.

"Leaving the Group on the back burner can only lead to smouldering resentment," he said.

Bruce Rhodes (Cheltenham) spoke out strongly against the motion. Other membership groups had been set up to look after minority interests, he said. The Society spends most of its time looking after community pharmacists.

"Despite what has been said, the setting up of such an interest group is contrary to the unexpressed views of the majority of the profession," he said. The Group would be a "vastly expensive bureaucratic nightmare" which would end up being led by a minority faction.

Joel Hirst (Bristol) said his branch was astonished at the speed with which Council decided to abandon the election and angered that AGM motions had been ignored.

Mark Koziol (Birmingham) continued his campaign to open up the Council election process, proposing that *"The Society should modernise the Council election procedure by:*

• *Developing a protocol that allows limited canvassing*

• *Organising a hustings event"*.

Updating the procedure would heighten awareness of the elections and improve voters' accessibility to the candidates, he argued. At a time when voters need the most information, the candidates are silenced, making it difficult for new candidates to put their views over.

Hustings are a great leveller, but a protocol is needed to make sure money and resources are not a formula for success, said Mr Koziol. Branches have been wary of the event that has been organised by the Young Pharmacists Group as it is not officially supported.

Peter Curphey was in favour of beefing up "the sterile lottery we have every year". The present system is being challenged from every quarter, he alleged. The erosion of the rules threatens the fairness of the process.

Pharmacists criticised on TV over generic OTCs

Pharmacists don't offer customers cheap generic equivalents of branded OTC products unless specifically asked, claims the BBC's "Watchdog" programme.

Screened last Monday night, the programme investigated generic drugs and discovered that considerable savings could be made whem customers bought own-brand labels rather than branded products.

Presenter Anne Robinson commented: "Unless you ask the chemist for the cheaper version of the brand name, they don't offer them."

Colette McCreedy of the National Pharmaceutical Association says: " The Consumer Association research reveals that when pharmacists recommend a product they invariably recommend the cheapest."

Health Minister looks into bathroom cabinet

The Health Minister, Brian Mawhinney, this week launched a survey to discover how many NHS prescribed medicines remain unused in the nation's bathroom cabinets.

Despite evidence from DUMP campaigns that 150 tonnes of unwanted medicines are thrown away each year, Dr Mawhinney wants to discover more about the extent of the problem.

The survey, to start on June 1, will be carried out by the Office of Population Censuses and Surveys and will look at 2,000 households randomly chosen throughout England and Wales.

The following are some of the issues to be examined:

- The amounts of unused medicines there seem to be in households
- If medicines that need to be taken more frequently are more likely to be unused
- Whether medicines prescribed for chronic illness are used less than those for acute illness
- If it matters whether the prescriber is the GP or a hospital doctor
- What influence repeat prescribing has on the extent of their use.

While welcoming action to cut medicines waste, some pharmacists have queried the need for further evidence. Stephen Axon, secretary of the Pharmaceutical Services Negotiating Committee, told *C&D*: "PSNC is convinced there is sufficient evidence from DUMP campaigns that there is an excessive waste of medicines."

He said it was clear from the amounts collected that most of the medicines' wastage could only come from overprescribing: "That's why we have been pressing the Department for some arrangements for a repeat prescription system to encourage doctors to prescribe for 28 days at a time."

Nicholas Wood, president of the Royal Pharmaceutical Society, welcomed the research but said that one way round the problem of wastage would be for pharmacists to dispense prescriptions for long-term medication on a monthly instalment basis.

Dr Mawhinney refused to commit himself on what action he would take on the findings.

"We can't prejudge the survey because we have never done such a systematic analysis before," he said. If the problem seemed to lie with prescribing, he would need to talk with GPs about it.

The survey will cost less than £50,000 and the results are expected about August.

Brian Mawhinney dumping unwanted medicines in a DOOP

Pharmacy *Here to help you*

Pharmacist

The National Pharmaceutical Association has launched a pharmacy staff badge with the legend "Here to help you". At £2.65 each (trade), or £2.25 each for five and over, they come complete with either a pin fixing or a clip, and take two lines of type. Full details and orders from NPA Business Services on 0727 832161

Scottish shortages

The Prescription Pricing Division in Scotland has been instructed to accept endorsements for these scripts dispensed in May:

- Labetalol tablets 200mg and 400mg
- Kabiglobulin vials
- Magnesium hydroxide mixture
- Pyridoxine tablets 10mg
- Sodium bicarbonate compound tablets.

The facility to endorse has been withdrawn for pyridoxine tablets 20mg. For sodium bicarbonate capsules, the pack size listed in the Tariff will be change to 100, as this size is available from Norton. Payment will be made only for this pack.

- The Scottish Pharmaceutical General Council has agreed with the Scottish Office Home and Health Department that the structure for the introduction of the new professional allowance and the single fee will be applied to prescriptions dispensed on or after March 1, 1994.

Poorer patients get least health information

Pharmacists come after general practitioners, the media, and friends and relatives as important sources of health information, according to a report by the Office of Health Economics.

"Health Information and the Consumer" also reveals that poorer, working class people, who are most vulnerable to ill health, are least likely to be influenced by media coverage of health problems. They also get less explanation on health matters from GPs.

The report claims this information has important implications for the Government's Health of the Nation plans. Patients cannot make decisions on healthcare and their lifestyle if they do not receiving all the information.

The OHE survey, involving 1,200 randomly-selected individuals, assessed the use of various health information sources such as the media and the healthcare professions.

The report revealed only 16 per cent of women and 13 per cent of men use the pharmacist for information. This finding supports a 1991 Department of Health study into consumer expectations of community pharmaceutical services.

It found that although 66 per cent of consumers perceived the pharmacist as an adviser on minor ailments, only 45 per cent had sought advice this way.

Joint GP and pharmacist incentive

West Sussex family health services authority has launched an incentive scheme for local GPs which will involve community pharmacists in cost-effective prescribing.

All participating GPs will need to hold at least four meetings a year with a pharmacist to discuss their prescribing. The pharmacist will be paid £30 per meeting.

GPs could receive upto £3,000 towards improving patient services if they meet set prescribing costs. All pharmacists in the county were invited to attend meetings to identify how they can help GPs in improving their prescribing practises.

Diphtheria booster

A diphtheria booster will be given to all school leavers from this October, Baroness Cumberlege, Parliamentary Secretary at the Department of Health, announced last week. The move is a precautionary measure following a diphtheria epidemic in the former Soviet Union where 16,000 cases were reported last year. All potential visitors to the former Soviet Union should check with their GPs that they have adequate immunity.

Higham refused

A Devon firm's application to open a pharmacy in Higham, Kent, has been turned down by the FHSA. It is not known whether the JRR Group plan to appeal against the decision. The FHSA says there would be a risk a branch surgery could close and practice nursing cover could be reduced.

Steroid revision

Corticosteroid product information is being revised following recommendations by the Committee of Safety of Medicines regarding severe chickenpox in association with corticosteroid treatment, says Junior Health Minister Tom Sackville. Manufacturers will be approached individually.

Epilepsy poster

A poster campaign to increase awareness of epilepsy was launched this week. Using the theme "Independence", epileptics are invited to submit their visual interpretation of what this means to them. The winning entries will be used in a poster. Entry leaflets are available from: PACE, c/o Burston-Marsteller, 24-28 Bloomsbury Way, London WC1A 2PX.

WHO view

The World Health Assembly has been asked to accept a motion which sets out the pharmacist's role in relation to the WHO drug strategy. It calls on pharmacists worldwide to assure the quality of medicnes at every stage in the supply chain; to prevent counterfeit or substandard products being distributed; and to provide appropriate advice on medicines to the public, other health workers and policy makers.

Milk donations ban

Baby milk manufacturers will no longer be able to donate or supply subsidised products to any healthcare system in the world, after a decision reached at the World Health Assembly.

Topical REFLECTIONS

RPSGB studies computer networking

The ethical implications of computer networking in community pharmacies are to be investigated by a committee set up by the Royal Pharmaceutical Society.

The decision, which follows hard of the heels of Boots announcing their Medilink system (*C&D* April 30, p713), was made at a Council meeting last week.

The committee is to consider establishing data collection and networking standards for pharmacies, together with ways in which they can be monitored.

Dr Maddock, who proposed the motion, indicated that such standards were likely to be incorporated into the Code of Ethics. He stressed the motion was not meant as a criticism of Boots' actions: the establishment of Medilink was a matter for congratulation.

North Staffs' harmonising formulary

A district formulary which aims to harmonise prescribing in primary and secondary healthcare has been launched in the West Midlands region of North Staffordshire.

Recognising that hospital prescribing influenced GP prescribing by around 40 per cent, the formulary working group adapted a hospital pharmacopoiea in use in one North Staffordshire hospital.

The formulary also addresses the issue of "loss-leading" by pharmaceutical companies who heavily discount their medicines to hospitals hoping to establish a prescribing pattern, so that profits can be made in the community where prices are higher.

Jeff Bourne, a member of the formulary working group and pharmaceutical advisor for Staffordshire Family Health Services Authority, says: "The formulary is a template for GPs who are being encouraged to adapt it and adopt it for their own practice of medicine."

All GPs in the area are being provided with the 136-page formulary, which follows the British National Formulary format. Pharmacists will receive copies of the document "in recognition of the roles community pharmacists play in advising GPs in their prescribing", comments Mr Bourne.

The formulary, funded by the FHSA, will be printed at least once a year.

Still waiting for benefits of Glaxo

I have to admit to a similar naivety as many of my colleagues, and on May 3 (Monday being the Bank Holiday) attempted to buy Glaxo's never-to-be-repeated offer on Zantac from my local wholesaler.

As it has now transpired, I was fortunate that they had already sold out, but on making further inquiries I was informed that they had grossly underestimated the demand. I now know why! Glaxo's distribution agents were obviously aware that the "one free on ten" offer excluded any further discounts to the pharmacist, whereas the promotional literature I saw stated no such thing.

Many pharmacists have been misled by Glaxo into buying large stocks of Zantac at prices not dissimilar to those they have previously been paying hand to mouth for the parallel imported product.

Ever since the infamous Glaxo agency scheme was set up, I have been waiting for those promised advantages: so far I have seen little evidence of Utopia. In the early days, I saw one rep who sold me too many Imigran injections, gave a vague apology for the loss of discounts and an inadequate few Ventolin inhalers to compensate, but since then ... nothing. No personal contact whatsoever, and only the occasional, and no doubt standard, letter to indicate that their computer assumes that I still exist.

In my small world of community pharmacy I have received no benefit from Glaxo's agency scheme. This time I almost caught a cold by falling for their Zantac bonus, but as compensation did manage to buy some (yes, the legitimate stuff and all above board) from a "friend" at an even more competitive price.

I would prefer that I was dealt with fairly by Glaxo and that they make their much-vaunted scheme work. Alternatively, scrap it in its entirety.

Tobacco advertising must go!

Once again the tobacco industry lobby has won the day. A private members Bill in the House of Commons to outlaw the advertising of tobacco products has been lost, but on the same day a tightening of the voluntary restrictions was announced! Coincidence, or a deliberate attempt to prevent a vital piece of legislation from being enacted?

It is a sad day when back bench MPs can frustrate the obvious by fatuous argument. The Government opposed this Bill and still supports voluntary restrictions, but these have now been amended 11 times and still I see young teenagers walking the streets with cigarettes hanging from their fingers.

I will continue to promote the horrors of smoking and encourage cessation. It is with the young that the process of change must start and one of the principal areas of awareness is from the medium of advertising. This Bill will be re-introduced in the next session, or the next, or the next and eventually it will succeed, but how much unnecessary suffering will have been perpetuated in the meantime in order to protect the financial wellbeing of the tobacco barons?

Lack of policy fritters away computer benefits

Our local single-handed doctor practice is now installing a computer. Most pharmacies must by now be similarly equipped and even the local health clinics are using them for patient information. The computer era has long been with us, but it is only recently that they have become the norm rather than the exception.

But in all this technology there is still no central policy for the standardisation and integration of these systems. Everyone instals their own "stand-alone", and the benefits to the patient that could accrue from a properly controlled network are lost. Pharmacy has always been in the forefront of the use of computers, but when the local surgeries change, there is obviously no pharmaceutical input.

The primary advantage of this technology is being wasted by insularity, and the fragmentation of responsibility for capital investment to so many diversities means that the concept of a total health service is as distant a dream today as it has ever been.

I now read (*C&D* May 14, p793) that another trial into the use of patient-held smart cards has been established in Inverurie. I thought that a previous trial in Exeter had already established the exciting possibilities for such a system, but our munificent Department of Health was not prepared to pay the costs involved for a national scheme!

To me the options are clear. The technology exists for full computerised network integration between all NHS health professionals or for the national use of patient-held smart cards. No more trials are needed. The advantages are obvious, but what is required is a Government commitment to proceed at speed and prevaricate no longer.

Scriptspecials

First aqueous gel for dry eyes from Ciba

Viscotears from Ciba Vision Ophthalmics is the first aqueous gel for the relief of dry eyes caused by impaired tear film secretion.

The liquid gel (Carbomer 940) spreads out evenly over the eye without streaking or smearing. Every time the eye blinks the gel liquifies to lubricate the corneal surface.

The company says the liquid gel is retained in the eye for around 16 minutes, which is up to seven times longer than more conventional tear substitutes. The extended retention time means that patients who were previously instilling drops up to 20 times a day may only require three or four drops over the same period.

Viscotears is available as a 10g tube (basic NHS price £2.95) which delivers single drops. One tube contains a month's therapy when used at the recommended dose. Although Viscotears is a Pharamcy product the company will only be promoting it to hospital doctors and opthalmologists, and indirectly to GPs. **Ciba Vision Ophthalmics. Tel: 0489 785399.**

Medical Matters

Cardioprotective effect of HRT questioned

Hormone replacement therapy has been recommended for all post-menopausal women to help prevent cardiovascular disease. However, a study in the *British Medical Journal* concludes that current evidence is insufficient to justify universal preventative therapy.

The effect of oestrogen therapy on both total cancer and cardiovascular disease was determined by reviewing follow-up studies reported in three meta-analyses.

The studies that showed the largest reduction in cardiovascular disease also showed the largest reduction in cancer which, the authors say, indicates a healthy cohort effect.

The best estimate for the protective effect on total cancer was a relative risk of 0.83 among women taking oestrogen, and the relative risk of cardiovascular disease was 0.57.

The authors' opinion was that "unintended selection of relatively healthy women for oestrogen therapy may have influenced the reported beneficial effect of oestrogen therapy on cardiovascular disease".

Until the problem of selection for health is solved by a large randomised controlled trial or by studies that tackle the problem of the healthy cohort effect, the authors suggest it is "premature to advocate HRT in post-menopausal women to prevent heart disease".

Alcohol linked to hypertension

A link between alcohol intake and high blood pressure has been confirmed in new analysis of data on almost 10,000 drinkers worldwide.

The study, published in the *British Medical Journal*, found that heavy drinkers had significantly higher blood pressures than non-drinkers, irrespective of whether they had consumed alcohol over the previous 24 hours (possible acute effect) or not (withdrawal effect). This implies a sustained effect on blood pressure from chronic alcohol consumption.

Alcohol intake was positively associated with blood pressure in both men and women, in younger and older men, significantly so at higher intakes (more than three or four drinks a day). The link was independent of sodium, body mass index and smoking.

Overall, the data indicate the usefulness of targeting those at high risk as well as the general population to reduce the adverse effects of alcohol on blood pressure. It is estimated that an average reduction in population systolic blood pressure of 5mmHg would reduce coronary mortality by 9 per cent and deaths from stroke by 14 per cent.

Sotacor change

The dye has been removed from both strengths of Sotacor tablets. The new tablets are white. The 160mg strength is engraved "Sotacor 160" and the lower strength tablet is marked "80", both on one side only. **Bristol-Myers Squibb. Tel: 081-572 7422.**

Havrix supplies

Smithkline Beecham say, due to continued high sales, they are unlikely to be able to supply Havrix Vaccine × 1 and × 10 until the week commencing June 6. Any queries should be directed to the customer services team at **Smithkline Beecham Pharmaceuticals. Tel: 081-913 4290.**

New ACBS list

The latest list of products recommended by the Advisory Committee on Borderline Substances as prescribable by GPs for specific medical conditions is now available. It supersedes the previous list, published in Autumn 1992. There have been a number of deletions particularly in the category of gluten-free and low-protein foods. **Advisory Committee on Borderline Substances. Tel: 071-210 5737.**

Enteral nutrition

Cow & Gate Nutricia Ltd have taken over the distribution of E. Merck Biomaterials enteral nutrition product range, apart from Liquisorb which is being discontinued. Cow & Gate Nutricia will be able to advise customers as to which products in the Nutricia range directly substitute the discontinued Liquisorb lines. **Cow & Gate Nutricia Ltd. Tel: 0225 768831.**

Whooping cough

At the request of the UK Department of Health, Lederle-Praxis, a division of Cyanamid, are supplying their acellular pertussis vaccine (APV) for use in the National Health Contract Service Childhood Immunisation programme. The vaccine is indicated for children more than two months of age against whooping cough. The company is planning to submit a licence application for its APV to the Medicines Control Agency in the near future. **Lederle-Praxis, Cyanamid of Great Britain Ltd. Tel: 0329 224000.**

Vepesid vials 100mg

The seals on Vepesid Vials 100mg will be changed from blue with blue aluminium to light blue with plain aluminium. **Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 081-572 7422.**

Epipen supplies

BCM Specials Manufacturing, a subsidary of The Boots Company, are to import, from the US, an unlimited quantity of Epipen Auto-injector, a self-injecting syringe of adrenaline. GPs can prescribe Epipen on a named patient basis. Pharmacists can expect delivery of the product from BCM within 24 hours of placing the order. **BCM Specials Manufacturing Orders. (Freephone number) Tel: 0500 925935.**

SB discontinuations

SB are discontinuing a number of products once current stocks are exhausted. These include: Maxolon Syrup 1-litre pack (stock available until mid-May); Magnapen Vials 1g × 10 (stock available until the end of July); Norval tablets 10mg × 84 (end of September); 20mg × 28 (mid-1995); 30mg × 28 (early June). **Smithkline Beecham. Tel: 0707 325111.**

Fortum Injection 3g

Glaxo have introduced a new 3g pack of Fortum Injection, suitable for use in treating infections associated with cystic fibrosis where dosage of up to 9g daily is needed. Basic NHS price £29. **Glaxo. Tel: 081-990 9444.**

Correction

Orders for copies of "The Methadone Handbook" by Andrew Preston referred to in *Pharmacy Update* on May 7 should be placed with **The Institute for the Study of Drug Dependence. Tel: 071-928 5100.**

H. pylori link to CHD

Helicobacter pylori may be implicated in the development of coronary heart disease, reveals a study in the *British Heart Journal*, which was featured on last week's "Horizon" on BBC2.

Analysis of serum from 111 men with documented coronary heart disease (CHD) was found to be seropositive for *H. pylori* in 59 per cent of cases.

The authors say that although *H. pylori* infection may simply be a marker of childhood poverty, as seroposivity remained a risk factor for CHD after adjustment for other indices of childhood circumstance, it could have an independent causal effect.

The association needs to be confirmed by further studies, but the authors believe the find could be of major public health importance as the infection can be eradicated with a single course of antibiotics.

A *clear* NEW WINNER *from* SENSODYNE

- New Sensodyne Gel has a different texture with a new freshmint taste that will appeal to your younger customers with sensitive teeth.
- New Sensodyne Gel incorporates the efficacy and all-round properties of Sensodyne F, the No.1 selling toothpaste for sensitive teeth.
- Sensodyne is unique in generating additional business with each new variant launched, and new Sensodyne Gel will be no exception.
- Sensodyne is the No.3 brand in the total toothpaste market with a £ share of over 10%, and it dominates the sensitivity sector with a 70% £ share.*
- Sensodyne is supported by a total promotional spend in 1994 of over £6 million.
- So stock up today with Sensodyne Gel (45ml and 18.5ml trial size), the new addition to the winning team of Sensodyne F, Mint and Original.

NEW SENSODYNE GEL

A NEW TOOTHPASTE FROM BRITAIN'S NO.1 BRAND FOR SENSITIVE TEETH

Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP. Tel: 0707 331001.

*Nielsen

SOLID PROFITS. LIQUID ASSETS.

Lotion E45 is becoming a solid success for pharmacies.

Introduced only last year, it already holds an impressive 7% share of the market.[1]

Of course, our £3,000,000 promotional support has something to do with this success. But it's also clear that your customers use Lotion E45 because they know it's an effective dermatological moisturiser that doesn't feel greasy.

In fact, recent consumer research tells us as much: 97% say Lotion E45 feels good on their skin and find it effective at soothing and softening skin.[2]

So display it next to Cream E45. Because when liquid assets come together with solid profits, there can be only one result: sound success.

E45 DERMATOLOGICAL SKIN CAR

References: 1. Nielsen Defined Dry Skin Market – Pharmacies, Drugstores & Grocery, Jan./Feb., 1994. 2. Millward Brown Int'l, 1993.
For more information on the complete skin maintenance programme provided by the E45 dermatological skin care range, please contact.
Crookes Healthcare Limited, P.O. Box 57, Nottingham NG7 2LJ.

CROOKES Healthcare

Counterpoints

Organics treats hair from the roots

Organics is a new range of haircare products from Elida Gibbs which nourishes hair from the roots.

Claimed to be the first product to care for the root rather than just the "dead" visible hair, Organics contains Glucasil (present in the blood stream), which plays an important role in hair formation and growth. The addition of Glucasil nourishes the roots, providing fuel for hair production and making for healthier looking hair, says Dr Walter Gibson, Unilever research and development.

Organics is a range of 16 products, all of which contain Glucasil:

- Shampoos and conditioners come in variants for normal, dry/damaged and extra body for fine/lifeless hair (200ml £1.89). The shampoo will also be available in a family size pack
- 2 in 1 shampoo and conditioner comes in variants for normal and dry/damaged hair (200ml £1.99; 300ml £2.69).

There are three intensive conditioning products, priced from £3.65 to £4.65:

- Root Nourishing Intensive Conditioner (200ml tube) helps restore life to damaged hair
- Root Nourishing Hair Repair Creme (150ml pot) replenishes damaged hair and helps mend split ends
- Root to Tip Strengthening Serum (30ml pump) is a leave-in product to strengthen and give body to weak and brittle hair.

The launch of Organics is being supported by a £10 million spend this year. Television advertising will begin in July, complemented by Press and poster adverts and a cinema campaign. In six weeks, some 18 million households will receive three samples of Organics products to try.

Aimed at both men and women, Organics was launched in Thailand last year, where it gained an 11 per cent market share. Category manager for Organics Andy Routley predicts a 10 per cent share during the first year. The range will be launched worldwide. **Elida Gibbs. Tel: 071-486 1200.**

Philips boost hairdryer model selection

Philips are adding to their range of hairdryers with three new models, all of which have diffuser attachments.

The Philips HP 4373 1600W has six heat/speed settings and a cool button, and switches for left- and right-hand use. It retails at £24.95.

The HP 4371 1200W retails at £21.95 and has similar features to the 1600W version. Both are low noise.

The HP 4352 is a value for money 1000W dryer, retailing at £11.95, with two heat/speed settings. **Philips DAP. Tel: 081-689 2166.**

Aller-eze Clear TV campaign breaks

Aller-eze Clear is being promoted in a new television advertising campaign, emphasising the links between hayfever and pollution.

The advertising runs until the end of June and will be backed by Press advertising in women's magazines during June.

Pharmacy assistants will have the chance to win a Marks & Spencer shopping spree by answering some questions, one of the answers to which is about the new commercial. **Intercare. Tel: 0734 790345.**

Breathe easy with new anti-allergy mask

A new air-filtering mask provides instant relief to allergy-induced asthma, hayfever and perennial rhinitis, claim Advisa Medica, its manufacturer.

The Eezy-Breathe mask will help prevent inflammation of sensitive membranes in the nose, throat and lungs if worn for short periods when exposure to trigger factors is high. The light mask filters the air, making it warm, clean and moist.

Advisa Medica recommend the mask is worn when performing any activity that would normally cause symptoms, such as mowing the grass, dusting or sports.

The disposable mask, made from stable electrically-charged fibres, is effective for up to one week with intermittent use. It is sold in packs of four at £7.99. **Advisa Medica. Tel: 081-906 2767.**

Isogel fibre drink is now available in two new pack sizes. A 300g value size (£4.94) is targeted at GPs for prescriptions, while the 165g is replaced by 150g (£2.78). Free information leaflets on irritable bowel syndrome are available. Charwell Health Care. Tel: 0420 84801

Vantage expand own-brand film

Vantage have extended their range of own-label colour film with the addition of an ISO 200 variant in 36 exposures.

The new 135 format, Super EXL retails at £2.45 and joins the existing four films launched 18 months ago.

Vantage have also repackaged the range and, to boost the latest launch, are offering introductory discounts of up to 20 per cent on all their own-label films, as well as free point of sale material from May 23 to June 30.

There is a 15 per cent discount for orders of 50 films or more, 17.5 per cent on 250 films or more and a 20 per cent discount on 500 films. This raises PORs to 41-46 per cent.

• Vantage promotions from May 23 to June 30 include 15 per cent off their best sellers, including analgesics, babycare products and cold remedies; a holidaycare checklist with free merchandising plan for a gondola end; a 12-20 per cent discount on vitamins and supplements; and special offers on ten products from AAH's Pharmaceutical Family Health range. **AAH Pharmaceuticals. Tel: 0928 717070.**

Kodak twinpack

Kodak are continuing their "36 exposures for the price of 24" Gold films offer, but repackaged in twinpacks for the Summer.

From May 23, an ISO 100 twinpack retails at £6.98 while the ISO 200 is £7.58.

Advertising, both on television and in the national Press, will alert consumers to the offer. **Kodak. Tel: 0442 61122.**

Sporty savings on Weider supplements

Weider have cut the prices of their sports supplements for the Summer.

During June, July and August the Mega Mass 2000 1.42kg pack is reduced to £16.99, with a reduction of £3.20 on the 3kg pack. The 750g Crash Weight Gain pack is reduced to £4.49 and the 1.25kg size to £7.49. Muscle Builder is reduced to £5.49 for the 300g size and £12.49 for 700g.

The 3kg Mega Mass 2000 and Crash Weight Gain packs now come in new bucket packs. **Weider. Tel: 0535 632294.**

Hakle Moists get personal

Hakle Moists are now available as a Personal Pack for use when larger sizes are inconvenient.

The re-sealable flow-wrap pack contains 20-sheets of moist toilet tissue in the Classic cleansing formulation.

Roger Fogg, group product manager at Jeyes, says the latest addition has two advantages: it acts as an entry product for those new to the category and it expands use to areas outside the home environment, such as going on holiday.

The Personal Pack retails at £0.99. **Jeyes UK Ltd. Tel: 0842 754567.**

Canesten advice on video

Confused about which Canesten product to recommend? Bayer have produced an educational video explaining the role of the different products.

Designed for pharmacists and assistants, a free copy of the video is available from: **Canesten Educational Video, Bayer plc, Bayer House, Strawberry Hill, Newbury, Berks RG13 1JA.**

On TV Next Week

GTV Grampian
B Border
BSkyB British Sky Broadcasting
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4
U Ulster
G Granada
A Anglia
CAR Carlton
GMTV Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
M Meridian
TT Tyne Tees
W Westcountry

Aquafresh:	All areas
Beconase Hayfever:	CAR
Colgate Great Regular Flavour:	All areas
Gliss Corimist:	C4, GMTV
Jordan Magic toothbrushes:	GMTV
Macleans Active Mouth Guard:	All areas
Mum:	All areas except CTV, CAR
Nivea Creme:	All areas except C4, GMTV
Nivea Visage:	C4
Oxy:	All areas
Pepcid AC:	All areas except CAR, GMTV
Proflex:	C, M, C4, A, HTV
Pulse Pure Fish Oils:	CAR
Radox Showerfresh:	All areas except HTV, CTV, W, CAR
Rennie:	C4, GMTV
Slim Fast:	All areas
Soft & Gentle:	All areas
Vaseline Intensive Care:	All areas
Wrigley's Extra and Orbit:	All areas

Health awareness boosts sweeteners

The last five years have seen a sweetener revolution, say Crookes Healthcare in their Sweetex report.

The market has increased from £32 million in 1988 to £53 million last year and is predicted to rise to £100m by 2000.

Some 25 per cent of the adult population now use a sweetener. However, the number of annual new entrants to the sector is set to double.

The pharmacy and drugstore sector accounts for 49 per cent of sales, a 2 per cent drop from the previous year. This is set to increase as the consumer comes to rely on the pharmacist's guidance on health and slimming.

The quest for a healthy lifestyle will see more men entering the sweetener market, with 20 per cent predicted to join by 2000.

Although tablet formulations dominate the market, granulated products are proving increasingly popular. By the end of the decade it is predicted that granulated sales will increase four-fold to account for 60 per cent of the market.

Sweetex is the brand leader with 29.2 per cent, Hermesetas with 24.8 per cent, Canderel with 15.8 per cent and Natrena with 6.5 per cent. **Crookes Healthcare. Tel: 0602 507431.**

Wash & Go moves out of the locker room

Following the revamp of Vidal Sassoon Wash & Go, the brand is being repositioned with a new advertising campaign designed to take it out of the locker room.

Representing a departure from its previous sporty and convenience positioning, the advertisement emphasises the conditioning benefits of Wash & Go. The advertising runs throughout the Summer months. **Procter & Gamble. Tel: 0784 434422.**

At these prices, *our* new arrivals *won't* get left on the shelf!

The advanced technology used in the new Early Bird One-Step products has enabled us to offer an affordable, reliable, easy to use pregnancy test.

With recommended retail prices of just £5.99 for a single test and £7.99 for a double test this will be good news for your customers – great news for you too because the really low trade prices means that your margins will be higher than ever.

Early Bird One-Step is now available from major wholesalers including AAH – Barclays – Numark – Unichem.

Early Bird®
ONE-STEP
PREGNANCY TEST

Recommended Retail Price; Single Test Pack £5.99, Double Test Pack £7.99

Some 6,000 cardboard Swiss mountains are going out to pharmacists in the biggest-ever Dermidex trade promotion. Pharmacists will have the chance to win a holiday for two in Switzerland, with five runners-up prizes of Swiss watches, in a special competition. Closing date for entries is August 31. Seton Healthcare. Tel: 061-652 2222

Vosene on TV

Vosene is being supported with a £1.8 million television campaign which runs for 12 weeks from mid-May. **Wella Consumer Products. Tel: 0256 20202.**

Specs offer

Eurospecs are offering their reading glasses at 13 for the price of 12 from May 20 to July 31. **Eurospecs. Tel: 071-377 7563.**

Flower show

Yardley have teamed up with *The Mail on Sunday's You* magazine in a sponsorship package for the Chelsea Flower Show, which runs from May 23-27. A six-page editorial will run in the magazine this weekend, explaining the history of the Chelsea Flower Show and the association of Yardley products. **Yardley Lentheric. Tel: 0268 522711.**

Earex ads

Earex is being backed by a new advertising campaign running in newspapers until September. **Seton Healthcare. Tel: 061-652 2222.**

Summer boost

Delial sunpreparations are being advertised on television in a new £1 million campaign which starts on June 1. This will be followed by a £700,000 women's Press campaign running from June until August. **Scholl Consumer Products. Tel: 0582 482929.**

Dermidex

Dermidex cream is being promoted in a women's interest Press advertising campaign which begins in June and runs during the Summer. **Seton Healthcare. Tel: 061-652 2222.**

Cupanol ads

Cupanol is being promoted in a new national consumer advertising campaign to be featured in the specialist parental Press throughout 1994. **Seton Healthcare. Tel: 061-652 2222.**

Handy size

Maalox Plus is now available in a new 180ml size (£2.25). **Rhone-Poulenc Rorer. Tel: 0323 721422.**

Finger toothbrush for baby's teeth and gums

Infa-Dent Baby Toothbrush and Gum Massager is a rubber finger toothbrush which gently cleans children's teeth.

It fits over an adult's index finger, allowing better access to hard-to-reach areas of the mouth while soothing sore gums caused by teething. It can also be used to apply teething gels.

The finger toothbrush was devised by American dentists and retails at £1.79.

It can be used with First Teeth Baby Toothpaste in apple-banana flavour, which doesn't contain saccharin, fluoride or "harmful preservatives" while incorporating a "patented system that reduces harmful plaque bacteria." It retails at £4.49 for 42g. **AmEuro Products. Tel: 051-527 1964.**

Healthy outlook for supplement market

Vitamin and mineral supplements now outsell analgesics, taking number one place in the OTC market, according to a Seven Seas report, *Healthy Heritage*. With sales up 10 per cent last year to £238 million, the market has grown from £80m ten years ago.

The most dynamic product sectors are fish oils, up 11 per cent to £66m; garlic, up 16 per cent to £21m; and vitamin E, up 25 per cent to £5m. Another major growth area will be antioxidants, say Seven Seas.

With some 26 per cent of the population over 55, interest in staying fit and healthy is set to increase, says the report.

Seven Seas account for 28 per cent of all vitamin and supplement sales. **Seven Seas. Tel: 0482 75234.**

More Staying Power

Staying Power is a new lipstick fixative by Forsythe Cosmetics.

In a lipstick format, it contains moisturisers to keep lips supple while prolonging colour. It retails at £4.50 and has a trade price of £2.20. **Number Five Supplies. Tel: 071-6225 8012.**

Pearl Drops

A Pearl Drops commercial will hit selected TV screens in the next three weeks.

The range is featured in the London, Central and Anglia TV regions, which account for 50 per cent of Pearl Drops' sales.

A further burst in September and October will cover other TV regions. **Carter-Wallace. Tel: 0303 850661.**

Win a Suzuki Vitara with Lifeplan

You could win a Suzuki Vitara Sport car worth £10,000 when you order £150 of product from Lifeplan in the next six months. Closing date is October 7.

In addition, every month there will be two gold-plated Swiss watches to be won. There is no limit to the number of entries — every order of £150 and above qualifies for one.

More details and entry forms are available from Lifeplan reps. **Lifeplan Products. Tel: 0455 556281.**

Going Places with Getaway coupons

Coupons offering 20p off the next purchase of Getaway (usual price £1.19) will be included in 400,000 holiday ticket wallets from travel agent Going Places.

The coupons will be distributed in ticket wallets issued to customers during the peak holiday season (May to September) and will be valid until December 31.

Dylon advise retailers to maximise sales by merchandising the travel wash alongside other holiday essentials.

A new shelf strip is available for Colour Run Remover. **Dylon International Ltd. Tel: 081-650 4801.**

Natural reductions at Weleda

Weleda are reducing the trade price of their 6C range of homoeopathic medicines.

From May 31 the new trade price for any remedy in the 6C range is £2.54 (list price) or £4.46 (trade price) for an outer of three. This brings the retail price down to £2.99 each.

Weleda's Top Ten and Top Twenty 6C starter kits have also been discounted and are now available for £48.60 and £97.20 respectively. Each comes complete with modular display tray. **Weleda. Tel: 0602 303151.**

Micropore Sticky Moments

3M Health Care are introducing an on-pack consumer promotion of a Sticky Moments children's story book and six fun stickers inside every pack of assorted Micropore plasters.

Sticky Moments follows the adventures of Mikey Paws, the brand character who emphasises the key benefits of Micropore plasters.

The promotion is available through national distribution to pharmacies on 30 assorted plasters, retailing at £1.59. **3M Health Care. Tel: 0509 611611.**

Zyma's mystery shoppers

Professional "mystery shoppers", employed by Zyma Healthcare, will once again be visiting pharmacies around the country. At least a quarter of all pharmacies with OTC Product Information Files can expect a visit.

For every correct recommendation of Zyma Healthcare brands, when appropriate, pharmacy assistants will receive a £10 Marks & Spencers voucher, and there is potential for 500 winners in this phase alone.

Some pharmacy assistants will have a second opportunity to win. All those who correctly recommend a Zyma product are eligible to enter a free prize draw for one of 3,100 Forte leisure cheques. There are three prize draws in total, one for each of three Zyma Healthcare regions.

Zyma say the mystery shopper is the first of a series of activities planned for the forthcoming year. **Zyma Healthcare. Tel: 0306 742800.**

New from Barclay Enterprise

Barclay Enterprise have revamped their own-label pharmacy range, with reformulations and new packaging.

New is a supplement line of 11 products, including EPO, cod liver oil, garlic and vitamin C. **Barclay Enterprise. Tel: 0782 784444.**

THE LIBERATOR

Pepcid® AC is Britain's first OTC H2 antagonist, giving you - the pharmacist - important new power to liberate your customers from the pain and discomfort of heartburn, dyspepsia and excess acid.

As other H2 antagonists follow, the special benefits of Pepcid AC will become even clearer:

UNSURPASSED EFFICACY

Pepcid AC sets a new standard in acid control. Just one small tablet can control your customer's excess acid for up to 9 hours[1]. Ensuring lasting relief from the recurrence of excess acid related problems.

UNSURPASSED CONVENIENCE AND SAFETY PROFILE

The 1 tablet dosage regime of **Pepcid AC** is simple and clear. You can recommend it with confidence. **Pepcid AC** has an excellent safety profile, with the advantage of no clinically significant drug interactions.

UNSURPASSED BASIC PROFIT ON RETURN

Pepcid AC offers not only competitive retail pricing for your customers, but also a 33% basic profit on return on both 6 & 12 pack sales.

UNSURPASSED PHARMACY-ONLY SUPPORT

Pepcid AC puts the pharmacist first - first with product information, first with training materials, first with stock and first with display materials.

Pepcid AC is the first H2 antagonist to be advertised on TV in Britain, with a national campaign combined with comprehensive magazine advertising.

Yet again you will be the first to benefit.

CENTRA HEALTHCARE
A JOHNSON & JOHNSON - MSD CONSUMER PHARMACEUTICAL COMPANY

CID AC (Abridged Product Information) Product Information - PEPCID Film coated tablets containing famotidine 10mg. **Pack Size:** 2, 6, 12. **age:** Adults and children over 16 years: 1 tablet for symptomatic relief or 1 et taken one hour before food or drink known to provoke symptoms. mum intake 2 tablets in 24 hours. Maximum period of use 2 weeks. **Uses:** he short term symptomatic relief of heartburn, dyspepsia and hyperacidity. **traindications:** Hypersensitivity to any component. **Warnings and cautions for Use:** Should not be taken unless advised by a physician by the following patient groups: moderate renal failure or severe hepatic impairment; under medical supervision for any other illness or need for any other medications; middle aged or over with new or recently changed dyspeptic symptoms, or associated unintended weight loss. Patients with persistent symptoms or difficulty swallowing should seek medical advice. **Drug Interactions:** No drug interactions of clinical significance have been identified. **Side Effects:** Generally well tolerated. Headache and dizziness have been reported at a frequency ≥ 1%. Other side effects, including dry mouth, nausea, constipation, diarrhoea, fatigue and allergic reactions occur even less frequently. **Pregnancy:** Not recommended for use in pregnancy. **Overdosage:** No experience to date with overdosage. Doses up to 800mg/day for over 1 were well tolerated in patients with severe hypersecretory conditions. **Prod Licence Number:** PL 0025/0312. **Product Licence Holder:** Merck Shar Dohme Limited, Hertford Road, Hoddesdon, Hertfordshire, EN11 9BU. **RS** tablets £0.75, 6 tablets £1.99, 12 tablets £3.59. P Pharmacy only distribut **Distributed by: CENTRA HEALTHCARE, Enterprise House, Loudwater, Buc HP10 9UF. References:** 1. Laskin OL, MD. Patterson PM, RN, BA. Sun Shingo, MS. Lasseter KC, MD. Cooper Shamblen, E, BA. J. Clin. Pharma 1993; 33: 636-639. ® Indicates registered trademark of Merck & Co., I Whitehouse Station, N.J., U.S.A.

Responding to change

"Responding to change" was the theme of the 12th annual Vantage conference, held in Amsterdam and attended by over 200 delegates. AAH sales and marketing director Alan Turner told Vantage members they must have "Capacity for insight, possession of foresight, tolerance of uncertainty, willingness to risk and courage to change". Delegates asked the guest speakers and AAH senior management for their views on topics ranging from remuneration to the practicalities of creating a therapeutic niche market

Pharmacy branding of own-label products, a new merchandising service, a range of natural beauty products, new P and GSL lines in the own-brand range, greeting cards, and fresh point of sale material — a selection of the new products and services which Vantage announced to members at their convention in Amsterdam. Retail development manager Darren Kirton outlined key objectives for Vantage for 1994-1995 and how they hoped to achieve them.

Vantage hope to increase traffic flow through the pharmacy by providing additional products and services. Both marketing manager David Watkinson and Mr Kirton agreed that each individual pharmacy and pharmacist is different, and not all services and products will be suitable for all members. Vantage will be offering members the opportunity to stock BT phonecards, stamps, greeting cards and stationery.

David Watkinson

Quality and price

Another important objective is the repositioning and ongoing development of the Vantage brand to achieve a balance of quality against price.

New packaging for the range will brand the products as "Vantage pharmacy" products rather than "Vantage" which Mr Kirton believes will give their own-brands the competitive edge.

According to Mr Kirton, the switch of products from POM to P offers opportunities for Vantage own-brand to capitalise on. From August new P and counter GSL lines, including an H2-antagonist, sleeping aid tablets, co-codamol effervescent and flu strength hot lemon, will be available as own-brand products.

Later in the year, the company will be launching a completely new range of products under the brand name Naturewise from Vantage. The range of 20 natural products will include products like tropical fruits shampoo and camomile conditioner.

To help develop the front shop to sell through more OTC products — both branded and own-brand — Vantage have improved the front shop package offered to members, and from June will be offering a merchandising service. There are three levels of service, all of

AMSTERDAM '94

VANTAGE CONVENTION

which have similar elements:

- retail service without shopfit for members who want to implement retailing disciplines but do not need a shopfit
- retail service for members who want to implement retailing disciplines and a shopfit, but not a Super Vantage or
- Super Vantage.

The pharmacy will be visited by an AAH business development manager who will look at the location, layout, competition, and then produce a comprehensive marketing report. Advice and guidance will be given on how to implement a full front of shop programme involving new design layout, stock rationalisation, a stock and order system and training on the CM^2 space management system. Thirteen weeks later, a team of merchandisers will supervise and help shop staff re-merchandise the pharmacy.

Exact details of the cost were not available but Vantage say, as part of their commitment, the first two services will be partially subsidised and the Super Vantage service will be totally subsidised.

A national advertising campaign and a series of supplier sponsors' leaflets will communicate to consumers the added value of pharmacy. New point of sale material will be available from July.

Three training videos, co-funded by Sterling Health will be available from July — "Ten points to excellence" (which includes customer care, attitudes and sales techniques), "Sensitive issues in pharmacy" and "Merchandising and display". The three videos will be available for a charge of approximately £15 and the package will contain a work book, work sheets and a certificate for successful completion of the worksheets.

Mr Kirton told delegates: "Vantage is not just own-brand, it is the retailing concept to help independents improve the sales and profits of their shop and that includes selling branded products."

New lines

Last month, AAH launched a range of continence products. David Watkinson told the convention that the continence market in the UK is underdeveloped and the new range gives Vantage members the opportunity to open "this potentially vast market in the UK and have it as the preserve of the pharmacy". He warned pharmacists: "If you don't get a grip on this market someone else will — and if they do it will be another market lost to pharmacy."

Piggy in the middle

"Whichever part of the industry we look at — manufacturing, wholesaling or retailing — there is continual pressure which shows no signs of diminishing," David Taylor, managing director of AAH Pharmaceuticals told delegates at the Vantage convention.

"Wholesalers, the proverbial piggy in the middle, continue to be squeezed on both sides — manufacturers looking for improved ways of distribution, and the community pharmacist looking for higher discounts to maintain his profitability."

He explained the difficulties full line wholesalers face in such a volume sensitive business. "In April, there were 453 ethical lines with nil demand within the company and 900 ethical lines that had an average demand of one per branch.

"Full line wholesalers cannot afford to be in a position to be picked off by short line wholesalers just carrying fast moving lines. You are doing a disservice to your prime wholesaler if you continue to cherry pick fast moving lines, and will prejudice the future development of value added services." He asked: "Are we as wholesalers in the business of value added services or is it purely discount which is the motivational factor?"

Poor sale figures for own-brand products prompted Mr Taylor to express his disappointment at a lack of commitment within the Vantage programme.

"Opportunities lie in the front shop" and he challenged members "to stand up and be counted". He asked the delegates: "Should we offer Vantage or not? A lot of money and resources is required for the development and maintenance of this programme and the fees which are charged go nowhere near recouping this amount of money. Why are you not using own-label?"

Non-NHS business — home healthcare initiatives and new product ranges such as the continence range — generally was identified by Mr Taylor as an area of opportunity and expansion.

According to Mr Taylor, there will be a significant change in the distribution of ethical

Continued on p584

AAH md David Taylor

IT PAYS TO DISPLAY

Self-selection display in pharmacy increases sales. An N.P.A. study in 1993 showed an increase of 12.4%. Over an 8-month trial period, sales of Oilatum soap increased by 200%.

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Continued from p852

pharmaceuticals by manufacturers in the future.

The effect of the price reduction on ethicals, imposed by the Department of Health last year, has prompted consideration by ethical manufacturers of the way their products are distributed. Of the 12.5 per cent which is given to wholesalers by manufacturers, more than half is given by way of discount to community pharmacies. Because of averaging in the industry, the margins on high-priced branded ethicals are subsidising the slow-moving branded products and generics.

Averaging means that manufacturers cannot control their price to pharmacies, which they would prefer, rather than leaving it to the wholesalers to fix the price. Therefore agency schemes, like the Glaxo one, could be introduced to achieve this objective.

'You've never had it so good'

"Pharmacists will have to be more assertive in future to compete for pharmaceutical services which community pharmacists may regard as theirs," predicted Professor Ian Jones, a guest speaker at the Vantage convention.

Professor Jones suggested an alternative title for his talk on "Trends and observations in the NHS pharmaceutical service" could be "You've never had it so good".

Using actual figures and real figures (which take inflation into account), Professor Jones demonstrated that the payment per prescription has not changed much over the last 40 years. In 1949 the actual and real payment per prescription was 7.2p. In 1993 the actual figure had risen to 143.4p but, allowing for inflation, this produces a real payment of 8.3p. "Many would say negotiators have done well to keep it at the same level, considering the pressures."

Professor Jones advised pharmacists that there is no room for uncertainty about the Drug Tariff and endorsing prescriptions. It is vital that pharmacists get all they can. "An FP10 has an average value of £15, but often it is not treated in the same way as £15 handed over the counter."

He told delegates it makes him "angry when change is brought up as if what we are doing now is not good enough". He believes the British public and purchasers are greatly indebted to pharmacists for the volume of work they handle.

He suggested that the added value of pharmacists goes unrecognised because of the Torvill and Dean factor — "We've been doing it for years and we make it look easy." He added that pharmacists have been good at defending physicians, often at the pharmacists' expense.

Professor Jones sees some comfort in the move away from remuneration for dispensing to payment for professional services, particularly as prescription numbers are increasing and remuneration for dispensing is falling. In the future, health commissions will be responsible for purchasing services and many of these will be looking at standards in pharmacy.

Pharmacists may be asked if they are willing to visit patients, alter their premises for a counselling area, provide a 24-hour service, show a serious commitment to postgraduate education, carry out audit, and even merge with another pharmacy to have two pharmacists available.

However, Professor Jones said pharmacists need facts to support them in competing for services. "We are rich on opinion, starved on facts."

On the subject of dispensing doctors, he observed that their dispensing has increased over the last ten years and they will be with us for a long time, "even longer than Lloyd George envisaged in 1911 with his one-mile rule. Doctors like dispensing and a lot want it back". He found it ironic that the first and last ten years of the century were turbulent for pharmacists.

Guest speaker Professor Ian Jones

Vantage convention

The future is not what it used to be

Due to the rapid changes in the areas of politics, economics and health, the past is not as good a guide to the future as it used to be, observed Colston Herbert, president of the Proprietary Association of Great Britain.

The OTC market is an area undergoing many changes. Mr Herbert identified a number of factors slowing its growth. Consumers may resist or not welcome OTC growth because they are used to having medicines free of charge and may be lacking knowledge about the products.

There has been a lack of medical support for OTC products and even pharmacists have displayed inertia perhaps because they are afraid of distribution expansion.

However, consumer attitudes are changing and a new type of consumer confidence is emerging. Consumers now tend to be better educated, less deferential, more questioning and more value-orientated. They expect to benefit from major advances in medical technology and demand that services be delivered with greater comfort and convenience.

According to Mr Herbert, consumer resistance or reluctance to embrace self-medication can be overcome by building their trust and confidence in OTC products and self-medication. Informing patients, using consumer language on labels and leaflets is an important element of this process.

The future direction of the industry is to take patients out of the surgery and into the consulting areas of the pharmacy.

"Pharmacists should seek to increase their primary healthcare status and assume the role of gatekeeper to the Health Service."

He outlined a "Charter for Collaboration" which includes pharmacists raising their profile with patients, consumers and members of the healthcare team. He added that "pharmacists must grasp the challenge of a changing consumer" and "the right environment and image of the pharmacy will be crucial".


Colston Herbert, president of the PAGB

His predictions include substantial growth in self-medication, pressure on healthcare costs, GPs recommending OTC products, more empowered consumers taking more responsibility for their health and more partnerships between industry and pharmacy.

Industry would contribute training support, display and merchandising material, incentives, profit, advertising support and high-quality customer service. Pharmacy would contribute professional help and advice, private consultation areas and sampling of P/GSL medicines.

Continued on p856

HERE'S A NEW WAY TO CLEAN UP

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This puts our total commitment behind Palmolive 2 in 1 to over £9.3 million - now that really is big news!

Switching hats — the secret to a pharmacist's success

Pharmacists wear two hats — healthcare professional and businessman — and there is constant switching of hats from minute to minute.

The successful independent community/retail pharmacists of the future will be those who do these changes rapidly and easily, believes Tony De Nicola, an American pharmacist who now runs a pharmacy consultancy.

Challenged value

The value of pharmacists is being challenged worldwide, and pharmacists are facing new forms of competition. In the United States, food market pharmacies are the fastest growing sector of pharmacy, now accounting for 15 per cent of the market. Community pharmacists also have to compete with mail order pharmacies (10 per cent) and corporate and managed care pharmacies.

Mr De Nicola agreed with Professor Ian Jones that pharmacists will have to be more assertive as "what we do is not well enough recognised by healthcare professionals".

The consumer recognises the value of pharmacy and, in the US, pharmacists are consistently voted the most respected profession by the public. However, the consumer in the US has a limited choice and voice, and respect from consumers will not necessarily keep a pharmacist in business.

Pharmacists in the US are combating the trends by seeking new market niches to build profitable sales in the front shop. Pharmacists develop therapeutic niche markets where they can be comfortable using their professional knowledge, technical skill and a willingness to interact with customers.

Pharmacists will educate themselves to be experts in specific disease states such as asthma, women's health, diabetes or hypertension. They are capitalising on their strengths which are owner management, neighbourhood location and most of all personal service.

Prepare for change

Mr De Nicola's advice to UK pharmacists was to prepare for change and secure a position in the marketplace as new competition will be coming.

Trends in the US that he believes may spread here include:

- manufacturers negotiating directly with third-party payers
- therapeutic capitation by disease state
- the expanding role of hospitals — owning retail pharmacies outside the hospital and competing head to head with independents.

His final words to delegates were that they must: work harder; work smarter by offering and showing added value; participate in programmes; and be willing to change.

American pharmacy consultant Tony De Nicola

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And a mountain to climb before they said "Yes."

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Yet, surprisingly, both products are still to realise their full market potential, but of course with Unipath that shouldn't take long.

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UNIPATH

Pharmacy update

The role of the stoma care nurse

Patricia Black, MSc SRN RCNT FRSH, a clinical specialist in stoma care, explains the role of the stoma care nurse, the relationship with manufacturers and dispensing agencies, and outlines the financial aspects

The role of the stoma care nurse as a clinical nurse specialist (CNS) started as far back as the 1970s. In Britain it was pioneering work at St Bartholomew's Hospital, London, that helped to establish this speciality.

There are many aspects to the role of the CNS in stoma care. It is recognised that the nurse must be an advocate of such care; she must be autonomous and aware of current research within her speciality; she must publish her own research and, invariably now, be responsible for her own budget in buying in stoma appliances in her hospital.

Recognising that there are relatively few ostomates in the population, but that their problems may be considerable, it is unlikely that the average GP will have many patients with stomas within his practice. It was estimated in 1979 that a GP with a 2,500 patient list could expect to see only one stoma patient in 25 years, so very few will have experience of these patients and their problems.

Research has shown that there is a need for a CNS in stoma care to provide effective care for this group of patients. To date there are 395 registered at the Royal College of Nursing, but this does not necessarily mean that there is one attached to every hospital or health authority.

Which appliance?

By looking through the Drug Tariff Part ix C, it can easily be seen that there is a myriad of stoma appliances from which to choose, and it is here that having a CNS in stoma care makes this easier for the GP, pharmacist and most important, the patient. A secure and comfortable appliance plays a great part in the recovery of the patient after surgery and therefore it is important to have a person who is aware of all that is available on the market and to find the most suitable appliance.

In hospital it is now common practice to use a clear drainable or closed appliance with a starter hole that is cut to the stoma size. With some patients the stoma size will have become settled by the time they are discharged, and the stoma care nurse is able to order a pre-cut hole on the appropriate bag.

Before the stoma care nurse can decide on a particular pouch a few questions have to be answered:

- What type of stoma is it?
- What type of output?
- How able is the patient with sight and manual dexterity?
- Is there any skin sensitivity?
- What is the position of the stoma on the abdomen?
- Does the patient have any preference?

Although the majority of patients will have no idea about which bag to choose or which is the correct bag, the patient's preference will often reflect aesthetic appeal, comfort and availability of the appliance. The appliances will come in closed or drainable versions and can be described in the following way:

- **Drainable pouches**

One-piece and two-piece systems.
Clear or opaque film.
No filter.
Content emptied via end and sealed with a plastic or wire clip.
Can be left in place for up to five days.
May have fibre or net backing to absorb perspiration.

- **Closed pouches**

One-piece and two-piece systems.
Clear or opaque film.
Changed once or twice a day.
Have a filter in situ.
A two-piece system base plate.
Can remain in situ for 3-5 days.
May have a fibre or net backing to absorb perspiration.

- **Urostomy pouches**

One-piece and two-piece systems.
Reflux valve inside bag to prevent backflow of urine.
Various type of taps to drain urine.
Attachment of overnight bag or leg bag.

These days the adhesive backing of the flange or bag is made from hydrocolloid materials which adhere directly to the skin and may also have an outer ring of hypo-allergenic tape.

Obtaining supplies

Within the last five years, the way ostomates can obtain their prescriptions has changed. Previously patients would collect their prescription from their GP and then go to the pharmacist and order their supplies which, if not held in stock, would arrive from the wholesaler in two or three days. Over the last five years a plethora of dispensing agencies supplying appliances have bloomed and their first port of call is the hospital stoma care nurse.

It is she who will inform the patient on where to obtain their appliances and she now can offer an alternative to the local pharmacy. It is recognised by appliance manufacturers and dispensing agencies that the appliance which the patient goes home with is most likely to be the appliance which he or she will stay with for most of the time that the stoma exists. Manufacturers, therefore, want their bags to be the bag of choice for the patient's discharge, and dispensing agencies want patients to use their service rather than the High Street pharmacy so that they may benefit from the 25 per cent on-cost which is paid.

So how do these new dispensing agencies obtain their patients and how do patients know whether to use them or their pharmacy? Like appliance manufacturers' representatives, the dispensing agencies' representatives also visit stoma care nurses. At such calls their service will be outlined and literature on service left with the nurse to be handed onto the patient.

Stoma care nurses work with integrity and professional judgment and will suggest to the potential patient the ways that they will be able to obtain their supplies and then leave the patient to make their own choice.

Incentives

Because so many agencies are now fighting for a limited population, new dispensing agencies are now offering incentives to the stoma care nurse to use their service. Such incentives may be monetary, towards trust funds for income generation, a taxi service for patients on discharge, or a handy box for all the patient's supplies on discharge.

All the agencies routinely give patients disposal bags, like nappy sacks, and disposable wipes for cleaning the stoma. They also offer a fast service of 24-48 hours delivery after the order has been placed.

Since the rise of the dispensing agencies, High Street pharmacies have suddenly been made to think about the service they can offer either potential new stoma patients or existing ones. Although it seems impossible to be able to offer "goodies" to the patient as the

Continued on pii

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dispensing agencies do, some have looked at their service and decided how they could improve it.

Many local pharmacies will now offer a delivery service. This is not confined to country areas; it is being seen more and more in towns. Two particular pharmacies within my area offer this service, one being a family-run business and another a well-known large multiple.

Personal delivery of the appliances for the first order is undertaken by the dispenser and the patient is asked if all is well. If there are any non-medical queries the dispenser will probably be able to deal with them, otherwise she will check that the patient has my phone number and knows how to contact me.

The dispenser from the large multiple also keeps small samples of skin protectors and creams which she can offer to patients at weekends in case a problem arises and the patient cannot see me until Monday.

Often "acquired" patients will come into the pharmacy needing help and even appliances. These are patients who do not live within the borough but either have come to convalesce or are on holiday with relatives. They may have run out of appliances, forgotten to re-order or may have sore skin. If the family is unaware of how to contact the nearest stoma care nurse or when the "open facility" clinic is held, the pharmacy can give them this information.

It appears from Wade's work in 1989(1) that obtaining and managing appliances for patients with a newly-created stoma can be fraught with problems and pitfalls. More than one in ten patients had difficulty in establishing their appliance supplies and 13.7 per cent had difficulty in obtaining supplies. Some patients had to wait at least three weeks before the pharmacy had the order from the supplier.

Although the sample showed that problems with pharmacies were infrequent, they could be extremely distressing. One pharmacy refused to obtain a supply and two others argued with the patients over the cost of the appliances.

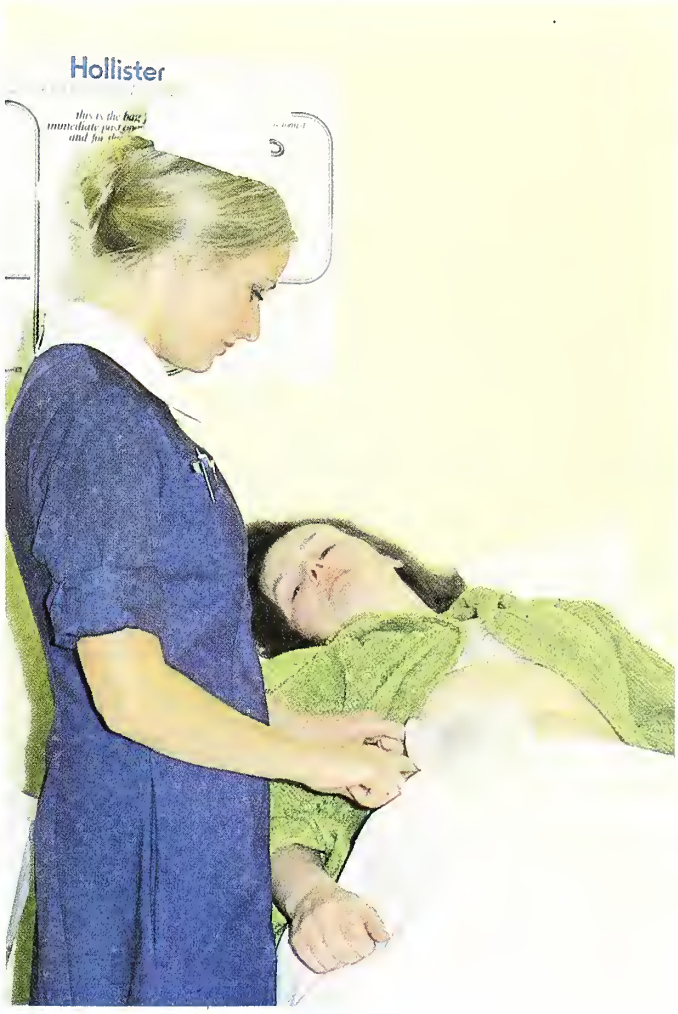
Although stoma care nurses teach patients to re-order with the pharmacy when the last complete box is started, this can often be forgotten and the patient may be down to the last two or three appliances. If there is a considerable delay in reordering, a situation is reached when the patient can actually be without appliances, causing considerable distress.

The on-cost problem

The considerable disparity between the on-cost of 25 per cent paid to dispensing agencies and the 2.5 per cent paid to the pharmacist has also given rise to other problems. Sponsorship of stoma care nurses and company-linked deals appears to be on the increase in the UK. In the instance of sponsored nurses, stoma care nurses who work within the NHS where posts are likely to be cut are kept in post with managers agreeing that a company will finance their salary for a three-year period.

Obviously there has to be a return for this and it is expected that the company's appliance will be shown as first choice and that patients will be actively encouraged to use the company's dispensing service.

The company-linked deal is similar. A company which has its own stoma care nurse offers



management a "free" stoma care nurse, often where there is currently no one from the NHS in post. Occasionally where there is a NHS nurse in post an offer is made which would ultimately make the current NHS nurse redundant. This enables the company to proffer their bags as first and possibly only choice and ensures that their dispensing service can be actively used. The value of the 25 per cent on-cost to these types of deals is extensive. If a patient has an average of £2,000 of appliances per year the return to the dispensing agency will be £601; for the local pharmacy the return would be £30.

It is often seen in these situations that accessories of all sorts are ordered for the patient routinely, such as air sprays, deodorant drops, bag covers and belts, adding considerably to the on-cost total. It has been estimated that accessories can total as much as £1,000 per year, making a further on-cost total of £300.

So what chance does the local pharmacy have in this battle? On the face of it, not much. But perhaps the tide is beginning to turn and the "gravy train" is about to reach its destination. In January this year the Department of Health commissioned Touche Ross to look at remuneration of Part ix A, B and C of the Drug Tariff. Many parts of the stoma care world were interviewed; companies who dispense, companies who do not, dispensing agencies, patients and stoma care nurses.

Interviewing finished on February 28 and submission of the report to the DoH was in mid-March.

Who knows what action the DoH will take? One thing is certain though, and that is the playing field needs to be levelled. However this is done, some people will be affected more than others, and a lot of fringe dispensing agencies may find it not worthwhile to continue. They will certainly be unable to give incentives to encourage use of their service.

Improving services

How can the local pharmacist improve his service to the stoma population? Firstly, do you know who your stoma care nurse is and where she is based? Are there readily available phone numbers or do you have to hunt around for them? Are they up to date? Have you met your stoma care nurse? Does your stoma care nurse have a clinic? Is it an open facility or do appointments need to be made? Is all this information obviously available in your shop for the patient or relative who may be too embarrassed to approach you? Are you in an area where there is no stoma care nurse? Then do you know the voluntary organisations' telephone numbers? Are these available for your customers?

Secondly, what is your knowledge of stoma care and appliances? Do you know a drainable bag from a closed bag? A colostomy from an ileostomy? If you don't what has stopped you finding out? Lack of easily available information that is not too technical, or knowing how to obtain this information? It is not unusual for stoma company representatives to visit pharmacies and discuss their products. If you have not seen one why not ring one of the companies and ask one to visit?

Stoma care nurses often put on study days and are more than happy to have you attend. It is here that all the companies are exhibiting and will have plenty of information which you can take away. Sometimes the larger stoma companies will run a study evening in association with a wholesaler or local branch which pharmacists can attend. Often the local stoma care nurse will be present as well.

I have on occasion had pre-registration students for a day with me to learn about stoma care at first hand. Ask your stoma care nurse if she is willing to do something like this.

It is imperative that all of us working with stoma patients — nursing staff, GPs and pharmacists — try and give a seamless quality of care. The patient does not need to be harangued about the cost of their supplies. After all, it was not their choice to have this type of surgery!

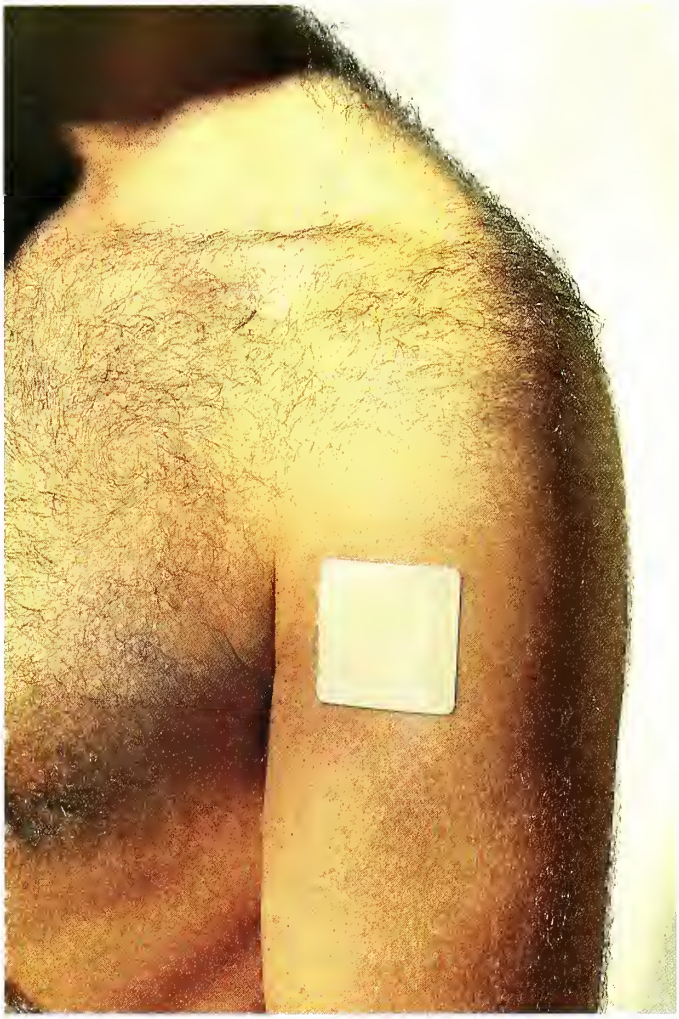
Also we must not sit back and expect the Department of Health to rectify the current problems. At the end of the day we are here to give the stoma patient the help and support they need to return them to the community to lead a normal and productive life.

Reference:
(1). Wade, B. 1989 A Stoma is for life. Scutari, London

Further information

Two videos — "Practical stoma care" and " Emotional and psychological aspects of stoma care" will be shown on BBC 1 television at 3am on:
May 20 repeated on May 24, 27 and 31; and June 3 repeated on June 7, 10 and 14.
Supplementary written work will be available in the *Nursing Standard* on May 18 and June 1.

Nicotine patches and ulcerative colitis



Most people with ulcerative colitis are non-smokers: those who used to smoke often first develop symptoms after they quit and those who continue to smoke often have milder symptoms than non-smokers. Smoking can hardly be recommended as a therapeutic option, but the nicotine patch might provide an acceptable substitute — for one tobacco product, at least.

Some 77 people with ulcerative colitis were randomised to treatment with a 16-hour patch or placebo; the dose of nicotine was gradually increased to a maximum of 25 mg/day (the average cigarette delivers 1 mg of nicotine). Each patient had recently relapsed on conventional treatment with mesalazine or steroids.

Five patients given the patch withdrew within three days, due in three cases to severe adverse effects; a further two withdrew later for the same reason. However, although most patch users experienced some adverse effects, and non-smokers reported more difficulty, these symptoms disappeared with continuing administration or dose reduction.

The patch did improve symptoms. Some 17 of 35 treated patients experienced complete symptomatic relief compared with nine of 37 given placebo, and 57 per cent reported no stool mucus compared with 22 per cent given placebo.

Global clinical assessment, stool frequency, abdominal pain, urgency and histology were all significantly better with the patch in place. There was no evidence of withdrawal effects or dependence at the end of the treatment.

The conventional management of ulcerative colitis is often unsatisfactory, so the benefits of nicotine are a significant advance — provided treatment is shown to be safe in the long term. *New England Journal of Medicine* 1994;**330**:811-5

Non-compliance in heart failure

No treatment for heart failure is satisfactory: the usual course of the disease is progression and patients experience worsening symptoms despite increasingly aggressive therapy.

Even in clinical trials — where management should be optimal — the gains from intensive treatment are relatively modest. In the community, management is often less than perfect and the potential gains even lower. Assuming, of course, that people take their medication in the first place: research from the United States suggests many elderly do not.

Prescriptions for digoxin were identified retrospectively for a group of seven thousand elderly people in the New Jersey Medicaid program. Each person was followed up for a year after their first digoxin prescription was dispensed, indicating the amount of digoxin supplied over this period.

These patients were active health care consumers, averaging seven prescriptions dispensed in the three months before the study, nearly a third had recently received institutional care and two-thirds were taking, in addition to digoxin, ACE inhibitors and diuretics for heart failure.

However, compliance over 12 months was very low. On average, a supply of digoxin was on hand for only two-thirds of the year and nearly a fifth of patients did not have further prescriptions for heart failure drugs dispensed after the first digoxin script. Only one in ten people had sufficient drugs available for the 12-month study period.

Unexpectedly, poor compliance was not associated with the number of drugs taken; other drugs taken for heart failure, more hospitals admissions, treatment for other cardiovascular diseases or increasing age. In fact, the opposite was true: all these factors predicted greater compliance and only ethnic groups (particularly Hispanic, suggesting a language barrier) and low use of a pharmacy were correlated with poor compliance.

These data suggest that people with milder heart failure may be avoiding digoxin. In the UK, this would cause few problems because the use of digoxin in this context is limited. However, a more important point is that people with a severe symptomatic illness apparently neglect their care and this could, in turn, affect their prognosis. *Archives of Internal Medicine* 1994;**154**:433-7

Cranberry juice squeezes out UTIs

Cranberry juice is a traditional remedy for cystitis. Like many such products, there is a lack of conventional scientific evidence of efficacy but, by contrast with most, detailed investigations have been undertaken to determine its possible mode of action.

It was once thought that cranberry juice acidified the urine, since it contains a high concentration of benzoic acid and this is excreted as hippuric acid. Now, it is believed that other agents in the juice inhibit the adhesion of bacteria to the urethral epithelium. These agents have also been found in the blueberry, but not in other fruit such as grapefruit, orange, guava or pineapple.

Specialists in the United States have now put cranberry juice to the test. They randomised 153 elderly women to placebo matched for taste (and vitamin C content) or to 300ml/day of cranberry juice for six months. At baseline, about 20 per cent in each group had a urinary tract infection (UTI).

During treatment, 28 per cent of urine samples from women taking placebo, but only 15 per cent of those from women drinking cranberry juice, revealed evidence of UTIs. The difference between the groups emerged after one month and remained stable for the duration of the study.

Overall, the risk of having a UTI while taking cranberry juice was about half that while taking placebo, and this was true regardless of a history of UTIs. Antibiotic consumption was also reduced: there were 16 courses of treatment among placebo recipients and eight among those taking cranberry juice. Interestingly enough, there was no significant difference in urine pH between the groups.

Now that this traditional remedy has a scientific seal of approval, further investigations could reveal whether the active agent can be isolated and used therapeutically. Or we could simply carry on taking the juice. *Journal of the American Medical Association* 1994;**271**:751-4

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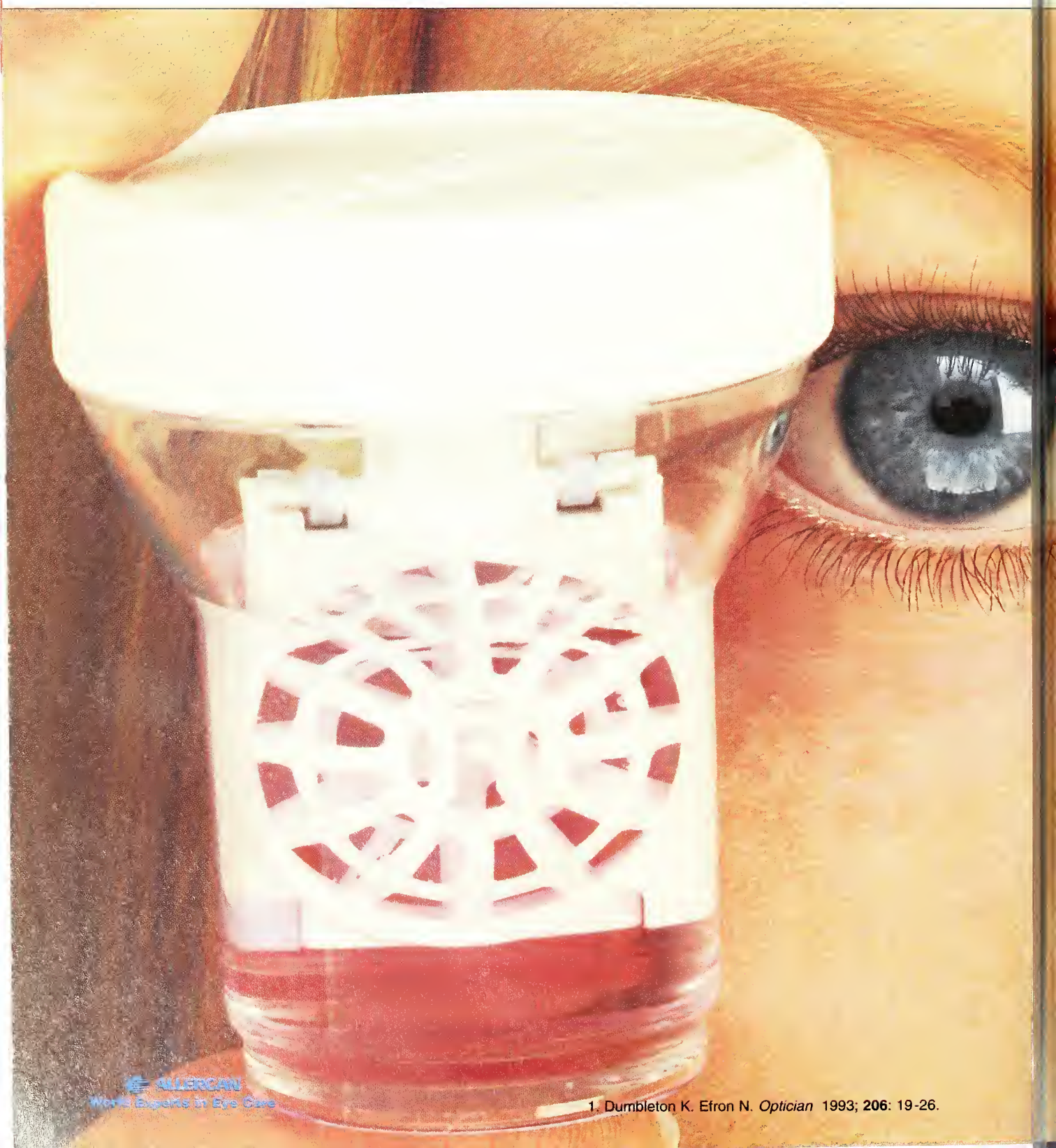

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1. Dumbleton K. Efron N. *Optician* 1993; **206**: 19-26.

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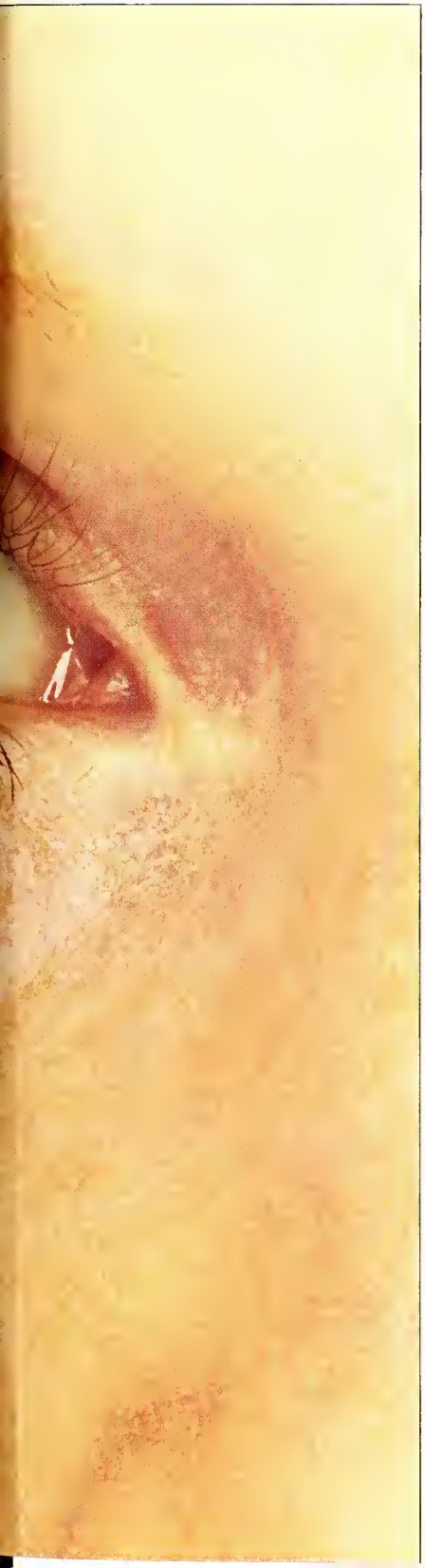

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Simplicity you can appreciate.
Safety you can see.

The elderly and packaging

The spread of original pack dispensing means that people increasingly receive their medication in a variety of packaging. Some forms of packaging present difficulties to people with arthritis but it is assumed that most patients, including the elderly, have no significant problems with most packs. Not so, say American geriatricians.

Elderly patients (mean age 82), newly admitted to a geriatric unit, were invited to open a selection of drug containers and to break scored tablets. On average, each was taking four different drugs.

In all, 78 per cent were unable to open one or more of the containers, or break a tablet. More than half could not open a child-proof closure; 20 to 30 per cent couldn't manage foil wrapping or a blister pack, 24 per cent couldn't open a Dosett and 8 and 14 per cent respectively couldn't open a flip top or screw top bottle.

How, then, had they managed with the drugs they were already taking? With the exception of the Dosett, which current users could open, similar proportions of patients were unable to open their own drug containers.

Difficulty with containers correlated with poor vision, poorer mental status and gender — women had greater difficulty than men. Asked how they managed at home, the patients said they simply left the top off the bottle, put tablets in an egg cup or asked a friend to help them. *Age and Ageing* 1994;**23**:113-6

Compliance and asthma

Compliance with inhaled steroid prophylaxis for asthma is poor. This may be because there is no immediate symptomatic improvement, as there is with bronchodilators, or because the daily regime of steroid and bronchodilator inhalers is too burdensome. In either case, combining the two drugs in a single inhaler — as is the case with Ventide — might be expected to improve compliance.

In fact, simplifying the dose regime in this way achieves nothing. A hundred people with asthma were randomised to management with two inhalers, each containing terbutaline or budesonide; or, alternatively, to one inhaler containing both drugs. Doses were taken twice or four times daily, according to the severity of symptoms. Rescue salbutamol inhalers were also available.

Compliance averaged 60-70 per cent, a figure which the combined inhaler improved marginally but not significantly.

Poor compliance did not correlate with asthma severity: overall, the correct dose was taken on fewer than half the days in a 12-week period and the dose was omitted completely on up to one-third of days. In fact, only 14 per cent of patients took the dose as prescribed for more than 80 per cent of the time.

Compliance with asthma treatment is not a symptom-driven behaviour, the authors add, and it is unaffected by the type of drug taken. *European Respiratory Journal* 1994;7:504-9

Etidronate for use in steroid-induced bone loss?

Corticosteroids increase bone resorption and decrease bone formation, leading to irreversible osteoporosis during prolonged treatment. In many cases, steroids are a treatment of last resort and are often given sparingly.

There have been attempts to prevent steroid-induced osteoporosis using oestrogens and calcium supplements. Evidence from The Netherlands suggests etidronate may help.

Twenty post-menopausal women who needed treatment with prednisone for temporal arteritis were randomised to receive placebo or four two-week cycles of etidronate 400 mg/day over 12 months. All were taking prednisone 60 mg/day, reduced after four weeks to an average of 11-12 mg/day, and calcium supplements.

The mean vertebral bone mineral density significantly decreased by 5 per cent in those taking placebo and increased by 1.4 per cent among women taking etidronate.

Other studies have shown that another bisphosphonate, pamidronate, reduces bone loss after prior steroid treatment but this is the first time that the efficacy of prophylaxis has been evaluated from the initiation of steroid therapy. *British Journal of Rheumatology* 1994;**33**:348-50

Infection incidence and methotrexate in RA

The use of low-dose methotrexate for refractory rheumatoid arthritis is growing. Provided severe adverse effects such as liver fibrosis are avoided, it is often a highly effective treatment when other drugs fail. Methotrexate inhibits immunological and inflammatory processes and a further concern is that, during prolonged use, it may increase the risk of severe infection just as cancer chemotherapy does.

Dutch rheumatologists have now surveyed 77 patients taking methotrexate and compared their history of infections over one year with that of 152 patients treated with NSAIDs and slow-acting anti-rheumatic drugs such as gold.

Functional status and mobility were significantly better among those taking methotrexate but the use of NSAIDs and steroids was comparable in the two groups. Overall, 62 per cent of patients taking methotrexate reported an infection compared with 47 per cent of controls — a significant difference.

This was due mostly to a higher frequency of skin and urinary tract infections but, other than cases of herpes zoster occurring in both groups, there were no serious complications. Forty per cent of those taking methotrexate had used an antibiotic compared with 26 per cent of controls.

As anticipated, low-dose methotrexate does significantly increase the risk of infection but this does not give rise to serious illness or lead to the withdrawal of treatment. *Annals of the Rheumatic Diseases* 1994;**53**:224-8

Bronchodilators and near-fatal asthma attacks

Work originating in New Zealand has linked the bronchodilator fenoterol with an increased risk of fatal asthma attacks. Comparative studies show that this is not true of salbutamol.

In 1991, the Committee on Safety of Medicines announced a reduction in the maximum dose for routine use to 800mcg/day, half that for salbutamol.

Specialists in New Zealand continue to monitor fenoterol, and their most recent work finds that the risk of near-fatal asthma attack is also significantly increased.

Based on 155 admissions to intensive care units, the risk of such an attack is approximately doubled among patients taking fenoterol compared with control patients with asthma — more than three times the risk with salbutamol. The risk increased further among more seriously ill patients taking steroids and in patients who had been recently admitted.

This study also highlights a less well-known finding: theophyllines are also associated with an increased risk, though the evidence is less clear cut. Compared with controls, the risk of a near-fatal attack is increased by 1.88. However, theophylline was more frequently prescribed for more severe asthma and when allowance is made for this factor, the excess risk decreases to 1.44 and is no longer statistically significant. *European Respiratory Journal* 1994;7:498-503

Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

A common problem worldwide

Hypertension is the most common adult medical condition in the industrialised world and the single most important risk factor for heart attack and stroke. Research pharmacist Catherine Duggan looks at the causes, the risk factors, who are the victims and the symptoms

Hypertension is not a disease, but a cardiovascular disorder characterised by an increased blood pressure above the arbitrary values considered to be "normal" for a person's age, sex and cultural background.

Hypertension is the single most important risk factor for heart attack and stroke. Even mild hypertension is strongly correlated with an increased risk of ischaemic heart disease.

It has been claimed that 15-20 per cent of the adult populations in developed countries may be candidates for anti-hypertensives and, because of the assymptomatic nature of the condition, there is much debate about when to start treatment. The earlier that treatment is sought the better the prognosis for future years.

Classification

Hypertension can be classified based on the diastolic and/or systolic blood pressure (see Table 1). Generally, a blood pressure of greater than 160mm Hg systolic/95mm Hg diastolic is considered to represent hypertension.

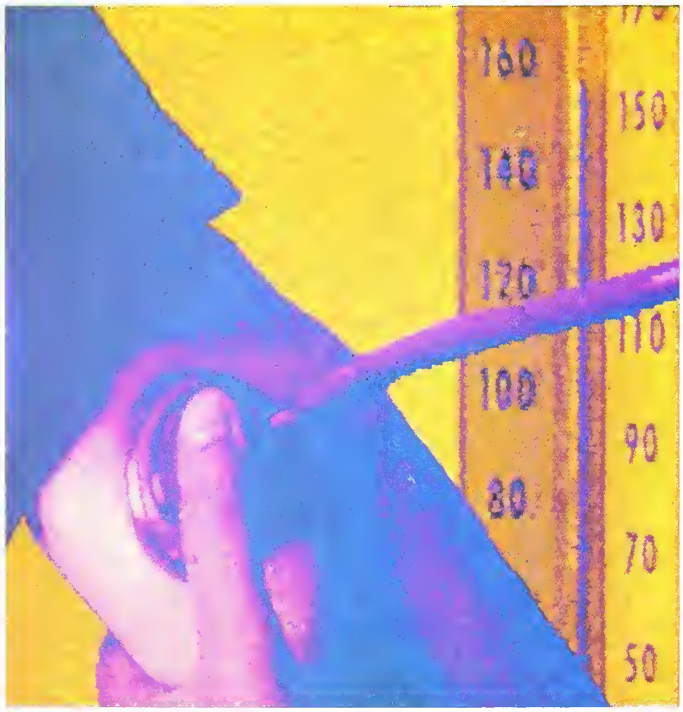
Mean blood pressures tend to rise with age, therefore blood pressure is usually higher in the elderly. An isolated systolic hypertension occurs where the diastolic blood pressure is not raised but a high systolic pressure exists.

Further difficulties arise in measuring blood pressure, since factors such as stress and anxiety can cause spurious readings. It is therefore usual for a diagnosis to be based upon readings spread over two or three weeks.

In the majority of patients no specific cause for the high reading can be found. In this situation, the hypertension is called primary or essential hypertension.

In relatively few cases, where a cause can be found, the hypertension is designated as secondary hypertension. Some of the main causes are shown in Table 2. Secondary hypertension occurs in less than 5 per cent of hypertensive patients.

In both essential and secondary hypertension, there is a small proportion of patients in whom blood pressure rises quickly. This accelerated form is called malignant hypertension.



Mehau Kulyk/Science Photo Library

The causes are not fully understood, but one possible mechanism is that renal failure resulting from hypertension causes an increased release of renin. This increases the blood pressure further, which in turn worsens the renal failure. A vicious circle is set up which, unless broken, gives malignant hypertension a poor prognosis.

Risk factors

It is now well established that hypertension is a multifactorial condition. The risk of cardiovascular death increases with the number of risk factors. The greater the number of risk factors the greater the need for aggressive treatment and control of blood pressure.

Blood pressure should not be considered in isolation, but as an important factor in the assessment of an individual patient. Risk factors include:

- a family history of cardiovascular disease
- obesity
- high plasma levels
- smoking
- excess alcohol consumption
- abnormal glucose tolerance
- stress
- high sodium intake.

Several possible causes of hypertension have been investigated, including disordered baroreceptor function, changes in cardiac output or plasma volume, and abnormalities in catecholamine metabolism and the renin-angiotensin system.

A family history is common in patients who present with raised blood pressure. Studies of family groups have indicated that there are powerful genetic influences on blood pressure regulation.

Greater correlation has been established between the blood pressure of siblings than between parents and their children. Significant, though weak, correlations have been shown between parents and their adopted children, and between spouses, indicating environmental factors may play a part.

Environmental or behavioural factors determine the prevalence of hypertension in any population, whereas genetic influences affect individual susceptibility.

Environment

Studies of migrants can give clues to the effects of cultural changes. A recent study of the Kenyan Luo tribespeople, who moved from their rural home to an overcrowded township, indicated that blood pressure levels were elevated within one month of migration.

Factors associated with the rise in blood pressure were weight gain, increased urinary sodium:potassium ratios and increased heart rates. The results indicate that a combination of dietary and stress-related mechanisms may be involved.

Earlier studies may have underestimated the impact of environmental or behavioural factors on blood pressure. Studies within populations have demonstrated that, regardless of genetic background, blood pressures are lowest in individuals who:

- have little excess body fat
- have low alcohol consumption
- exercise regularly
- eat little salt and/or are vegetarians.

Each of the environmental factors below affects the whole frequency distribution of blood pressure levels, suggesting that most individuals are affected to some extent. Inevitably, this has an effect on the prevalence of hypertension, ie the numbers of individuals at the top of the frequency distribution curve for blood pressure at any age.

Obesity

Obesity and hypertension are strongly linked. There is a continuous linear relationship between excess body fat, blood pressure levels and the prevalence of hypertension.

The relationship between has been confirmed in randomised trials, demonstrating falls in blood pressure with weight reduction. The effect of obesity on blood pressure appears to be additive to that of alcohol consumption, and may be compounded by physical inactivity and dietary factors such as a high salt intake.

As obesity also contributes to blood lipid abnormalities and impaired glucose tolerance, it has particular significance as a factor underlying the increased prevalence of coronary artery disease in hypertensives.

Continued on pviii

Table 1 World Health Organisation's guidelines for adult blood pressure

Classification	Diastolic blood pressure
High blood pressure	Less than 80mm Hg
High normal blood pressure	85-89
Mild hypertension	90-104
Moderate hypertension	105-144
Severe hypertension	over 115
Classification	**Systolic blood pressure (when diastolic BP<90)**
Normal blood pressure	less than 15\40mm Hg
Borderline isolated systolic	140-159
Isolated systolic hypertension	over 160

Continued from pvii

Alcohol

Alcohol has recently emerged as another major contributor to blood pressure elevation. The relationship is remarkably consistent with populations worldwide. The effects on blood pressure are additive to those of obesity and, in women, to the pressor effects of oral contraceptives.

The effect is not restricted to "problem drinkers" as the relationship appears to be linear at intakes above 10-20g ethanol equivalent/day (ie 1-3 standard drinks/day). In those who have an intake of three or more standard drinks daily, the prevalence of mild hypertension is increased three-fold (ie blood pressure greater than or equal to 140/90mm Hg) compared with non-drinkers.

A cause and effect relationship between alcohol consumption and blood pressure elevation has been confirmed in both normal and hypertensive drinkers. Reducing alcohol intake by 80 per cent can result in significant and reversible falls in blood pressure within one to two weeks.

Smoking

Smoking leads to acute elevation of blood pressure, although the effect usually subsides about 15 minutes after finishing a cigarette, unless combined with strong coffee when it may persist for up to two hours.

Contrary to popular belief, regular smokers tend to have a slightly lower blood pressure than non-smokers, largely because they tend to be slimmer. Unfortunately, the small potential benefit of smoking is greatly outweighed by the adverse effects on coronary heart disease and other pathologies.

Heavy smoking may also be associated with increased incidence of malignant hypertension, secondary to atherosclerotic renal artery stenosis.

The Pill and HRT

The early oral contraceptives, containing relatively high doses of oestrogen, on average caused a small rise in blood pressure and, in some instances, severe hypertension.

The lower-dose oestrogen preparations in current use have been less well studied, but can occasionally cause severe hypertension.

Hormone replacement therapy, where orally administered low-dose oestrogens are given alone, appears to reduce the risk of cardiovascular disease and may have a vasodilatory effect.

The influence of combined oestrogen and progesterone, or of topically administered oestrogen, on blood pressure or cardiovascular risk in post-menopausal women is unknown.

Dietary salts

- **Dietary sodium** intake in most countries ranges from 100-300mmol/day, which is more than the normal physiological requirement.

In the early 1970s, the levels of salt intake and stroke mortality in Japan were among the highest in the world. Levels of both sodium consumption and stroke mortality have since shown a substantial decline.

Epidemiological evidence suggests that salt intake has a small effect on population blood pressure levels. Part of the problem in determining the extent to which it affects blood pressure levels is the difficulty in accurately assessing dietary intake from 24-hour urine collections or dietary records.

Trials of the effects of restricting daily sodium intake to 70-90mmol suggest significant reductions in systolic blood pressure of the order of 3-6mm Hg in patients with mild hypertension. The effects are greater in older patients and those with more severe hypertension.

Most low-salt diets involve complex nutrient changes. Such diets, supplemented by placebo tablets for sodium chloride, have confirmed a specific blood pressure lowering effect. New-born infants are particularly susceptible to the pressor effects of highly salted milk substitutes.

From the evidence available, it would seem that the salt intake of most populations could be halved without adverse effect, leading to a worthwhile reduction in the number of individuals requiring anti-hypertensive therapy.

- **Dietary potassium**: Levels of dietary sodium and potassium are usually inversely related, as populations with a high salt intake tend to eat little in the way of fruit and vegetables.

Studies suggest that dietary potassium has a blood pressure-lowering effect, and that estimates of sodium: potassium ratios are more strongly associated with blood pressure levels than either of the salts independently.

It is unclear whether there is a particular threshold for the blood pressure-lowering effect of potassium, or whether it can achieve the same effect as potassium supplements. The effect of potassium may be dependent on a high sodium intake: increasing the dietary potassium with a modest sodium restriction may be as effective and more acceptable than severe sodium restriction alone.

- **Dietary calcium and magnesium:** Although several epidemiological studies are consistent with a blood pressure-lowering effect of dietary calcium, randomised trials provide little support for such an effect.

Dietary magnesium, calcium and potassium tend to vary with one another, as well as with dietary and social characteristics that may influence blood pressure. Trials with dietary magnesium supplements on blood pressure are few and inconstant.

Vegetarian diets

Within multi-cultural societies groups who eat vegetarian food have lower blood pressures and less hypertension than meat eaters. This is due, in part, to the lower prevalence of obesity in vegetarians. There is also a specific blood pressure-lowering effect with certain lacto-vegetarian diets.

Vegetarian diets can differ widely and it is still not clear which dietary components are responsible for the effects on blood pressure. Studies in which energy intake has been held constant have excluded the independent effects of dietary fibre, meat protein and dietary polyunsaturated to saturated fat ratios.

Diets containing lean meat, fish or poultry, but which are otherwise similar to a lacto-ovo-vegetarian diet (the avoidance of meat, fish or poultry, but not of dairy products) show equivalent blood pressure-lowering effects.

It seems likely that a combination of nutrient changes is necessary, possibly involving decreased saturated fat and total energy, in association with increased soluble fibre, and potassium and magnesium from fruit and vegetables. Such diets result in lower levels of low-density lipoprotein (LDL) cholesterol, and therefore also have potential advantages for lowering the incidence of coronary and peripheral vascular disease in patients with hypertension.

Table 2: Causes of secondary hypertension

Coarctation of the aorta:

Renal disease
- Parenchymatous, eg nephropathy, nephritis, SLE
- Polycystic kidneys
- Renal artery stenosis

Endocrine disorders and hormone therapy
- Phaeochromocytoma
- Cushing's syndrome
- Primary aldosteronism
- Oral contraceptive
- Hypothyroidism

Pregnancy
- Pre-eclampsia

Dietary fats

Although it has been claimed that there is a blood pressure-raising effect from a diet high in saturated fats compared with one high in polyunsaturated fatty acids, studies have been unable to show that increasing the polyunsaturated:saturated fat ratio from 0.3 to 1.0 in patients with hypertension had any significant effect on blood pressure. In the same study, reducing sodium intake from around 140-70mmol/day reduced systolic blood pressure by 6mm Hg.

Physical exercise

Several population studies indicate that individuals who undertake regular physical exercise have lower blood pressures than sedentary individuals. Again, an association is difficult to evaluate because of the association between physical exercise, lack of obesity and healthier dietary habits.

Studies have shown that regular 45-minute exercise regimes bring about effects in four weeks and appear to be sustained with regular physical activity. Some of the long-term effects may be related to loss of body fat and substitution of muscle.

Psychology

Despite the extensive literature on psychological factors, it is still unclear whether they have a long-term significant influence, though there is no doubt that emotional factors induce pronounced, but transient, variations in blood pressure.

There is some suggestion that individuals who tend to repress hostile feelings, or who feel unable to control their lives or environment, may be more prone to hypertension. It is not clear whether these effects are mediated directly through the autonomic nervous system or are indirect by virtue of influences on eating and drinking habits, which affect blood pressure.

Symptoms

Specific symptoms due to raised blood pressure are usually only apparent in chronic severe hypertension. The majority of patients with essential hypertension have no symptoms.

Acute hypertension occasionally causes transient headache or polyuria. On examination, patients may be found to have changes in heart sound because of an enlarged left ventricle. Paroxysmal nocturnal dyspnoea and basal crepitations may arise as a result of left ventricular failure.

A second article in this series will appear next month, covering the treatment of the condition — both with drug therapy and non-pharmacologically, and the advice and education pharmacists can offer their clients.

Announcing

Dental Recognition For Wrigley's

Wrigley's Extra and Orbit sugarfree gum have become the first chewing gums to be recognised by the FDI World Dental Federation.

This is because chewing for 20 minutes after a meal or snack stimulates your mouth's natural defence, saliva, which within minutes helps neutralise the plaque acid that can cause tooth decay.

Chewing helps nature fight plaque acid attack.

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WORLD DENTAL FEDERATION

BRM seeks ban on inducements for home contracts

A thinly-attended Branch Representatives Meeting — 47 branches were not represented — last Thursday urged the Royal Pharmaceutical Society to ban companies from offering inducements to obtain residential home contracts. Branches also wanted greater discretion in how they were allowed to spend their annual grant, but baulked at the idea of a full-time salaried president

Barnet is seeking a change in the Code of Ethics to make it unethical to offer any inducement in order to obtain a contract to supply a residential or nursing home, Gerald Zeidman told the meeting.

Some contractors are now offering "legal inducements" designed to channel scripts towards a particular pharmacy, claiming that the inducement is directly linked to the dispensing system, he claimed.

Under the Society's existing Code pharmacists are banned from giving "any inducement by way of discount, gift, reward, rebate ... or by way of providing at less than cost price any equipment which is not directly linked to the professional service being provided".

"Community pharmacists are increasingly losing their contracts to supply residential and nursing homes with a monitored dosage system since they are unable to compete with the large allowable inducements such as drug cupboards and trolleys being offered by some contractors," said Mr Zeidman.

He proposed that section 7.3(D) of the Code should be changed so that offering any equipment "relating to the supply of monitored dosage system other than the immediate packaging for that system" (eg, trays, cassettes, plastic blisters) would be forbidden.

Mike Beaman (Barnet), a health authority pharmacy inspector, said inducements undermined his role. They often encouraged homes to change contractor in spite of a satisfactory report, and often against the wishes of staff and local GPs.

The motion was carried overwhelmingly.

Thumbs down for salaried president proposal

Andrew Burr — looking to rekindle the spirit of the leadership

The idea that the post of president of the Royal Pharmaceutical Society should become a full-time salaried position and not restricted to a fixed term was thrown out unanimously by the meeting. But debate on the motion showed it had attracted people's interest.

Proposing the idea, Andrew Burr (Mid-Glamorgan East) said he hoped to provide "the emergency resuscitation that the Society requires for its leadership".

The president changes every one or two years, he said, which would not happen in a company. "A change in president every year does not lend itself to leadership or long-term strategy," he said.

Helen Henley (Bromley) was against the motion, saying she would not want to see a president stuck in the position and running out of steam.

Patricia Hoare (Slough) argued that the present system gave good value for money and kept the president in touch with the membership.

Linda Stone (Birmingham), herself a past president, pointed out the Society already has a senior salaried official. "If you pay the president, you just get another one. Stop and think what you want the president to do."

Branch grant should cover speakers' fees

Council's decision to refuse the request from branch secretaries to allow them to use the branch grant to pay fees to speakers was wrong. "The matter should be reconsidered," proposed Bill Brookes (South Cheshire).

Under the present rules, only items relating to the conduct of branch affairs can be paid from the branch grant, and that does not include speakers' fees.

"Branch secretaries disagree with this policy and want some flexibility," said Mr Brookes, emphasising this was not a bid for the grant to be increased. "We cannot expect industry to keep footing the bill."

Company sponsorship is a continuing struggle to obtain, said Jonathan Oakes (Cheshire), "The freedom to pursue speakers to give objective presentations is important since meetings may be accredited for continuing education in the future," he argued.

Bill Brookes: Council should reconsider the branches' request

Andrew Burr (Mid-Glamorgan East) owned up to breaking the rules, and suggested many other branches did the same. "Am I wrong to use branch money to get pharmacists to come to meetings?" he asked.

The motion was carried by a substantial majority.

Council to consider costs of supporting BPC delegates

The Pharmaceutical Society Council is to consider the financial implications of meeting the full cost of branch delegates attending the British Pharmaceutical Conference when it sets the 1995 budget.

The total cost to a delegate attending the 1994 BPC (excluding travel expenses) will be £214. If similar numbers attend this year's event as last (119 delegates), the sum paid out by branch delegates will be £26,000, excluding travel expense claims which came to about £5,000 in 1993.

The Council move follows the adoption of a motion from the South Cheshire Branch calling for the expenses of branch delegates attending the BPC to be met in full.

"Conference belongs to the widest possible range of members, not just those with benevolent employers," said Bill Brookes. "It will be an expensive honour to represent a branch at the 1994 conference."

The South Cheshire Branch had been dismayed when the decision to cut support had been made without any consultation. The BPC will lose its place at the centre of the calendar unless there is greater grass roots involvement, warned Mr Brookes.

Protracted debate followed a resolution from the Ayrshire Branch, proposed in the absence of anyone else by Alan Asher (East Met). The motion called for the Society to "review its guidelines to allow returned, in-date and appropriately packaged medicines to be re-used either here, or through approved agencies abroad".

Mr G. Celino (BPSA) argued the re-issue was not an appropriate way of dispensing with returned drugs. Mr K. Mahasuria said the issue was why so many medicines were returned. Much of it was due to inappropriate prescribing.

The motion was carried.

Alan Asher helping out the Ayrshire Branch

Aspirin forges new advances in clinical medicine

The benefits of aspirin have long been recognised, with earliest reports that Hippocrates used a brew of willow leaves (containing salicin – a precursor of acetyl salicylic acid) as a pain killer around the 4th century BC. Today, aspirin is still being recommended for its powerful analgesic, anti-pyretic and anti-inflammatory effect. But as we're discovering, aspirin's versatility extends much further, with many new, potentially life-saving, clinical applications emerging every day.

Researchers now know that aspirin works by inhibiting the synthesis of prostaglandins, chemical mediators which are responsible for a diverse spectrum of physiological responses. Prostaglandins, for example, are responsible for 'the inflammatory response' – the characteristic pain, swelling, redness and heat that accompany tissue damage. They also cause blood to clot by encouraging platelet aggregation.

Aspirin's anti-platelet effect

Most recently, researchers have been focusing their attention on the vascular and other implications of aspirin's anti-platelet effect. There is little doubt that low dose aspirin, taken prophylactically, can prevent thrombosis, and reduce the risk of heart attack and stroke[1]. Aspirin is now being investigated for its potential use in other clinical areas thought to be linked to the prostaglandin pathway.

New uses for aspirin*

Pregnancy-induced hypertension
Foetal growth retardation
Dementia
Alzheimer's Disease
Colon cancer
Pregnancy pre-eclampsia
Diabetic retinopathy, nephropathy, neuropathy
Pulmonary embolism

* Currently being researched

Aspirin's role in pregnancy

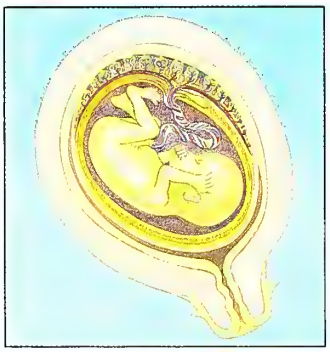
Two of the leading causes of death *in utero* are foetal growth retardation and a condition called pregnancy toxaemia, which affects the mother by causing dangerously high blood pressure and kidney damage. The two are thought to be linked, and both have their origins in the 'spiral' arteries of the placenta.

A certain amount of thrombosis is normal in these vessels, but when the degree is unusually high, blood flow to the foetus can be almost completely blocked, resulting in foetal growth retardation, or toxaemia.

"I would be comfortable with GPs giving low-dose aspirin at 12 weeks to women who they think are at risk of early onset pre-eclampsia".

de Swiet M, Monitor Weekly 16 March 1994 8

The Lancet recently published the results of a major placebo-controlled trial of low-dose aspirin in 9,364 at-risk pregnant women[2]. Aspirin was found to



13 week old foetus, showing the 'spiral' arteries of the placenta

reduce significantly the likelihood of preterm delivery, with progressively greater reductions in proteinuric pre-eclampsia the more preterm the delivery. The average weight of all babies born to women allocated aspirin was significantly greater than that in the placebo group. The trial also found that aspirin may prevent early-onset pre-eclampsia in women especially at risk, particularly if it is started before 16 weeks' gestation.

Aspirin in bowel cancer

Increasing evidence suggests that high levels of prostaglandins in the bowel cause colon cancer. Aspirin's inhibitory effect along the prostaglandin pathway has raised speculation that it helps prevent some cases of colon cancer. It is also postulated that aspirin acts as a "free radical scavenger", effectively mopping up these potentially destructive biological particles. More research is under way – hopefully aspirin will offer some new treatment options for this potentially fatal condition.

Aspirin in dementia

About 25% of people over the age of 70 have some degree of "multi-infarct dementia", in which tiny vessels of the brain are blocked by clumps of aggregated platelets. Aspirin has been shown to improve the condition of sufferers[3]. These encouraging results have led to the implementation of larger studies, which are currently in progress.

There is also the suggestion that the tragic Alzheimer's Disease is a progressive inflammatory process, and that sufferers may benefit from non-steroidal anti-inflammatory drugs like aspirin. It is too early yet to make recommendations, but first results suggest that aspirin may offer some real hope.

The future for aspirin

Aspirin's potential for prevention and treatment of some of the world's most

distressing and refractory conditions is becoming increasingly clear. Ironically, one of the oldest drugs known to man is now providing new solutions to today's medical problems. As the list of potential benefits of aspirin continues to grow, it is anticipated that even more people will be helped by this versatile, cost-effective and remarkable remedy in the years to come.

References: 1. BMJ 1994, 308 81-106 2. Lancet 1994, 343 619-29 3. J Am Geriatr Soc 1989, 37(6) 549-55

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Legal implications

In the afternoon session of the Branch Representatives Meeting, delegates divided into groups to discuss individual motions. The question of where pharmacists stood legally on their responsibilities to patients was a recurring theme

One group discussed a motion that Council should give advice on the handling of drug interactions. Reporting back, Michael Welham-Jones said that GPs were often hostile when pharmacists phoned to warn of possible interactions, particularly if that drug combination had been agreed with hospital consultants.

Sometimes patients had been established on a potentially unsuitable combination for years and could be destabilised by a change in regimen, he added.

The question of where pharmacists stood legally if they ignored potential interactions "opened a can of worms", Mr Welham-Jones continued.

Asking the patient to sign an acknowledgement that the pharmacist had checked for interactions but ignored them on the doctor's advice might absolve the pharmacist, but would not do much for doctor/patient or pharmacist/doctor relationships.

A pharmacist/GP referral form might be a better idea, he proposed.

The group suggested that Council could work out protocols, perhaps in conjunction with the British Medical Association. There was a need for pharmacists and doctors to get together at local level.

When the motion was put to the full meeting Andrew Burr (Mid-Glamorgan) commented that, having spent three years learning about drugs and their interactions, he felt he should be able to make up his own mind in the patient's interest.

"I don't need Council to intervene for me," he said, but the motion was carried.

Referred to Council

The following motions were referred to Council without debate, as if they had been passed by the BRM.

- Council should undertake an annual self-audit of its activities and those of its officers and departments at 1 Lambeth High Street, and publish the results
- The manufacturers' packs of all co-generic products should be clearly labelled with their co-generic names in addition to the names of ingredients
- Council should consider the risk that easily accessible dispensaries and private consultation areas place on pharmacy personnel, in addition to the increased risk of theft from premises
- The Society should provide an annual introductory seminar to the preregistration year for both preregistration trainees and their tutors.

Passed ...

Other motions discussed in groups then passed by the full BRM were:

- The Society should provide enhanced support to the College of Pharmacy Practice, to ensure continuing development of high standards within the profession
- The regulations for preregistration training should be changed so that where there is more than one preregistration graduate per site, clear training protocols are in place
- Extra funding should be made available to entitle preregistration trainees to participate in national continuing education courses.

A motion that the BRM should occasionally be held at a venue other than London, possibly with another event such as the BP Conference, was lost.

Repeat review

The meeting also supported a motion that pharmacists should be permitted to review and dispense monthly, or more frequently, supplies of medicines within prescriptions for long-term therapies.

Ian Woolley (York) told the discussion group that GPs were tending to prescribe for longer periods — 84 days or more was not uncommon. The long intervals between treatment reviews meant that patients could end up on inappropriate therapy. If pharmacists dispensed no more than a month's supply at a time, they could check the patients' progress and refer them back to the GP if necessary.

Such a scheme would also enable pharmacists to decrease their stockholding.

John Savage (York) drew attention to the tremendous wastage of medicines resulting from long-term treatments. He stressed the need for doctors to co-operate otherwise the scheme would lack drive.

Andrew Burr said that GPs prescribed long treatment periods to reduce their workload and would suspect the underlying motive for pharmacists' concern was the loss of dispensing revenue.

To gain credibility, it was vital for pharmacists to deliver patient-oriented healthcare and be involved in medicines review, he said.

Some speakers feared that pharmacists' payments might be delayed until the end of the treatment periods, but others thought this could be overcome by seeking reimbursement at intervals. Similar schemes worked well in other countries.

Flawed ...

When the motion was put to the full BRM, Geoff Evans (Cornwall) said the system of repeats was fundamentally flawed. Instead, doctors should be encouraged to limit their prescribing to 28 days.

He doubted whether pharmacists had the clinical knowledge to be legally responsible for reviewing the patient's treatment. And who should do the review if more than one pharmacy dispensed the repeats?

In brief

- A Glasgow motion urging Council to take action to maintain the number of preregistration training places, particularly in the hospital and industry sectors was easily carried.
- In their heart of hearts the overwhelming majority of pharmacists would agree that "because of the conflict between good health and the consumption of sweets, pharmacists should be dissuaded from selling confectionery", said Bruce Rhodes (Cheltenham), although some might allow professionalism to be overcome by profit. The motion was carried.
- A motion from the Swansea Branch calling for the Society's inspectors to play a more advisory role was carried despite a sizeable body of opinion which felt the inspectorate already largely fulfilled that role.
- A substantial majority supported South West Metropolitan Branch in believing pharmacy services in the community are jeopardised by recent poor remuneration packages from the Department of Health. Mr C. Cairns said although this might appear to be a PSNC problem unless something was done there will be a deterioration in the appearance of businesses and investment in training will lead to a fall in standards.
- Sefton Branch — in the person of Ross Graves — expressed surprise that the Society had been unable to find accurate data on the number of instances when aspirin or paracetamol had caused injury.

The meeting carried a motion for the second year running calling for all products containing these two drugs, in all pack sizes, to be reclassified from GSL to Pharmacy sale.

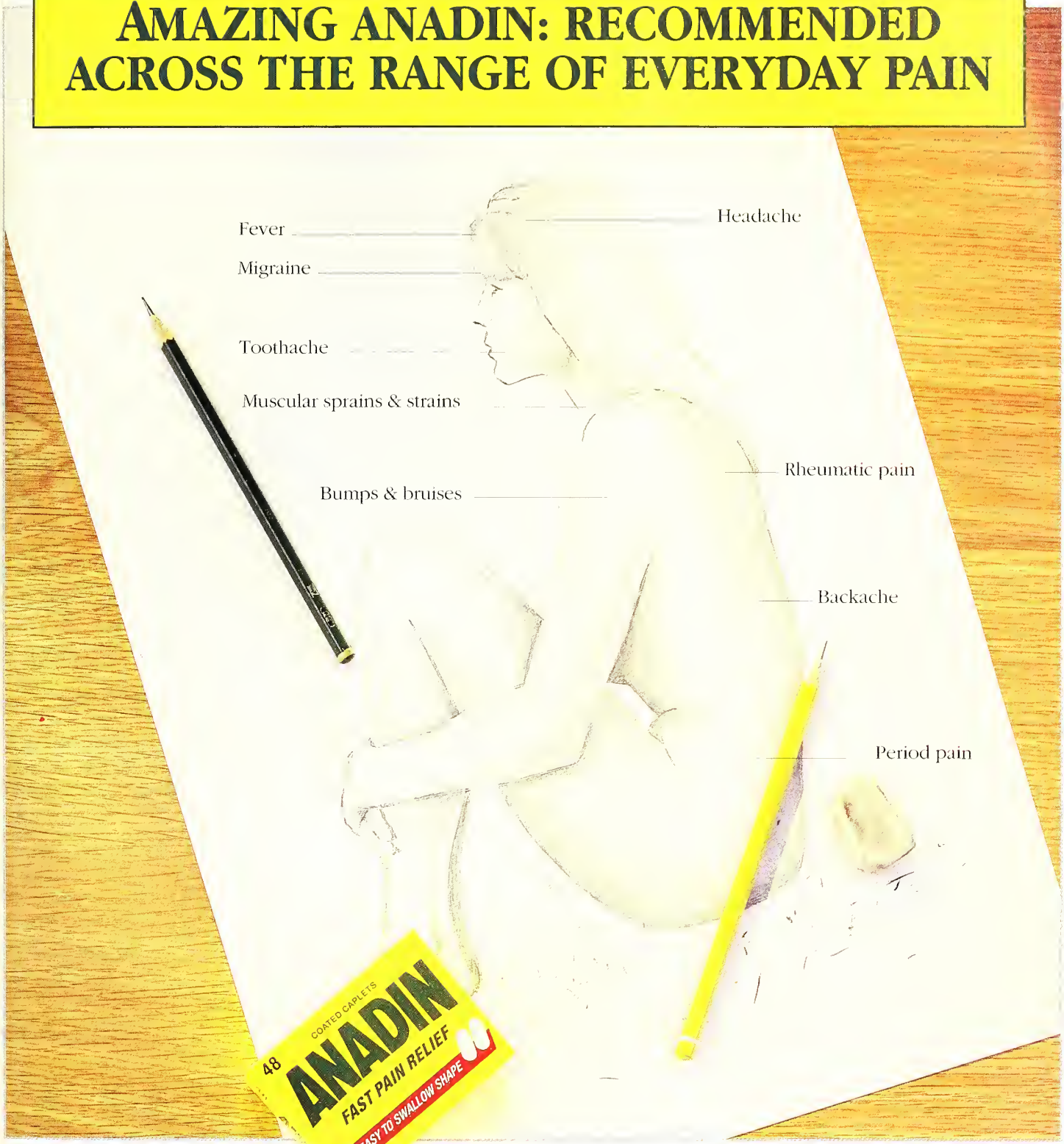
This was in spite of Mr C. Barlow (West Surrey) pointing out that 80 per cent of all such tablets are already sold through pharmacies, or 70 per cent of unit sales.

- The Glasgow Branch wanted guidance from Council on the extent of supervision pharmacists should exert when a prescriber instructs that addicts should take their drugs on the pharmacy premises. At present no reference to administration is made in the pharmacist's terms of service. Law department advice is that all three parties should agree to administration on the premises after liaison between the pharmacist and prescribing GP.
- Support was not forthcoming for a motion from Plymouth calling for the Society to relax its restrictions on advertising to allow pharmacies to sponsor activities local to the pharmacy concerned, such as sporting clubs and events.
- Preregistration graduates and their tutors are to be spared compulsory attendance at four local branch meetings during the year after the meeting voted down a proposal from Chelmsford Branch by a small majority.

Bruce Rhodes: lozenges or lollipops, Milk of Magnesia or Milk Tray?

Chris Cairns: poor pay deals lead to falling professional standards

AMAZING ANADIN: RECOMMENDED ACROSS THE RANGE OF EVERYDAY PAIN



When you need to recommend for headache and other everyday pains, think of **Anadin**, the UK's leading aspirin brand.

The analgesic, antipyretic and anti-inflammatory actions of **Anadin** give fast and effective relief to indications as diverse as toothache, period pain, sprains and muscular strains.

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THE UK'S Nº1 BRAND OF ASPIRIN

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Product Information. Active Ingredients. Aspirin Ph Eur 325mg/caplet, Caffeine Ph Eur 15mg/caplet. Indications. Symptomatic relief of [illegible] sprains, rheumatic pains, period pains, mild to moderate fibrositis, muscular aches and pains, joint swelling and stiffness. Relief of headache, migraine, neuralgia, toothache, sore throat, period pains and aches and pains. Contraindications. Peptic ulceration, haemophilia, concurrent anti-coagulant therapy, aspirin hypersensitivity. Dosage Instructions. Adults and the elderly: One to two caplets every four hours to a maximum of twelve caplets in any 24 hours. Children under 12 years: not to be given unless instructed by a physician. Retail Prices. 4s £0.38, 8s £0.69, 12s £0.94, 24s £1.59, 48s £2.99, 96s £5.49. Product Licence Numbers. 0165/0060. Legal Category. GSL (packs up to 25 caplets), P (packs over 25 caplets). Product Licence Holder. Whitehall Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH. Date Of Preparation. 22 February 1994. *Trademark

Slim Fast and Chemist Brokers -

From June the UK's number one weight-loss plan will be in the hands of Europe's leading pharmacy brokerage. Get set for record-breaking sales! We look at what's in store for pharmacy retailers

David Farrar, managing director of Sun Nutritional Inc

Sun Nutritional Inc will have a direct link to 5,300 pharmacies from June. The makers of Slim Fast, the UK's top weight loss plan, celebrate their new partnership with Chemist Brokers, whose dedicated sales team will ensure that continued growth features in the next exciting chapter of this remarkable success story.

The Slim Fast story so far...

In just four years Sun Nutritional Inc's Slim Fast has taken over the UK dietary market and now accounts for 90 per cent of sales of dietary products through pharmacy. What is more, it has actually increased the size of the market from £8m in 1987 to a staggering £56m in 1993. How has that been done?

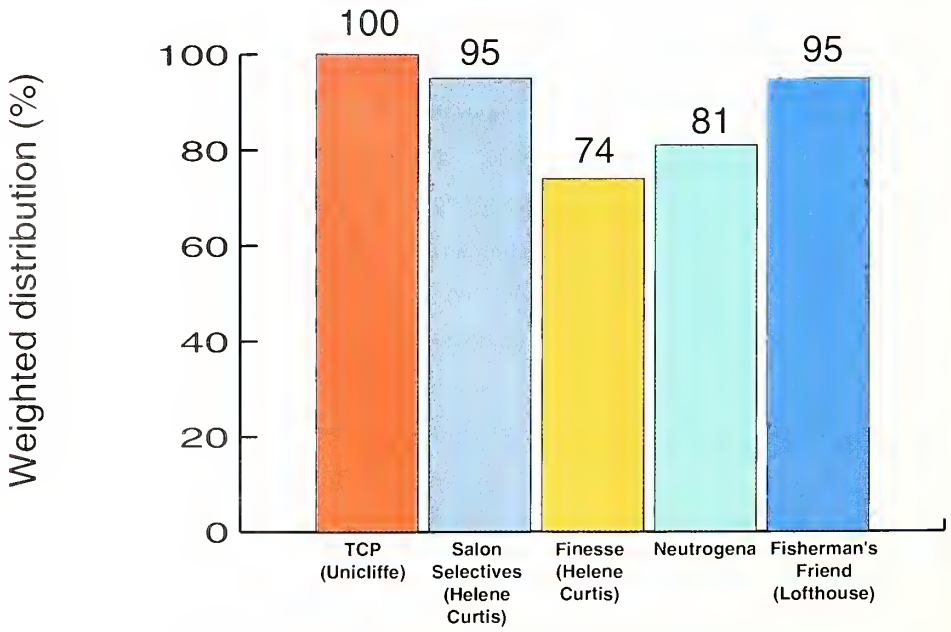
"By being committed to pharmacy, investing in aggressive TV advertising and constantly developing exciting new products," says managing director David Farrar.

"Pharmacies are the only point of sale which can offer professional advice to slimmers, and this is crucial. When you're making a purchase that's uniquely personal you appreciate the help that only a health professional can give."

Says David Farrar: "What is more, now that the Government has targeted the dangers of being overweight in their Health of the Nation strategy, the public is more aware than ever of the need to lose weight and keep it off. There are more than 18.6 million overweight adults in this country, and the number is increasing. There couldn't be a better time for pharmacists to exploit the sales value of Slim Fast."

Chemist Brokers lead Europe in sales

Chemist Brokers are progressive, professional and dedicated to providing top service. Part of a group that has been established for over 30 years, their expertise and state-of-the-art computerised



re than a slim chance of success!

Hamish Gibson, managing director of Chemist Brokers

systems have helped to propel brands like Unicliffe's TCP, Helene Curtis' Salon Selectives and Neutrogena, into market-leading positions in pharmacies throughout the country.

"We've put 17 of our top class selling professionals behind Slim Fast's business, and they're backed by our superb technical services," says managing director Hamish Gibson. "We're delighted to be associated with a massive brand like Slim Fast and excited about implementing the extensive support activity planned for the future. We have an enviable reputation for achieving maximum distribution and display levels so our new partnership with Slim Fast is a recipe for total success."

Supporting pharmacies all the way

Sun Nutritional Inc have put together the most comprehensive pharmacy support programme ever seen in the dietary business. "The key is not just to generate awareness, but also to inform," explains David Farrar.

"So as well as spending millions on TV to get dieters into the chemists, we're also equipping pharmacists with the information they need to answer questions on weight loss. It's a personal subject, and if you have confidence in your pharmacist, you're more likely to buy."

The rewards are substantial. In May and June last year, the average pharmacist earned as much from sales of Slim Fast as from the leading brand of analgesic, a figure which is more than double that of the combined sales of all effervescents.

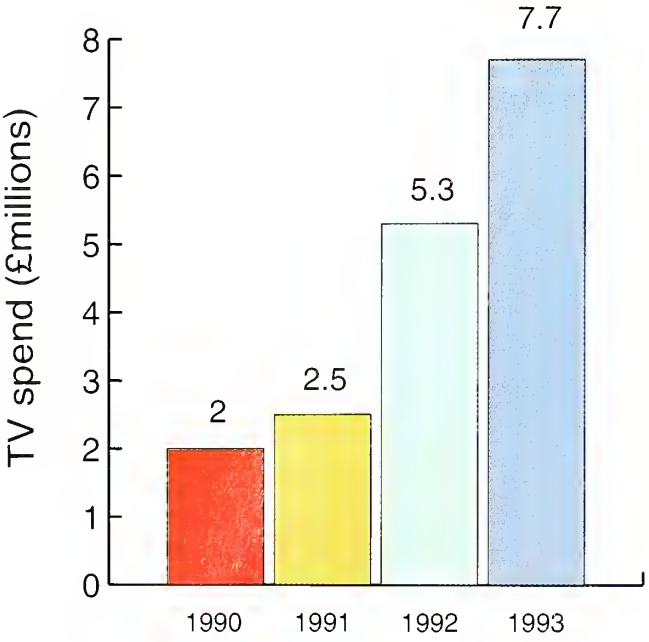
What is more, when you sell Slim Fast you have the reassurance that comes with selling a high quality product that has a proven track record and tastes delicious! Most people following the Slim Fast Plan should lose an average of two and a half pounds a week. And thanks to the new partnership between Sun Nutritional Inc and Chemist Brokers, pharmacists are more likely to gain pounds...in their tills!

Pharmacy support programme

Mar 1994 The Pharmacy Guide to Slimming issued to pharmacists through Chemist & Druggist - containing valuable advice to assist pharmacists in counselling slimmers. The issues behind weight loss are explained in depth, and consumers questions answered.

May 1994 "Lose weight feel great" audio tape promotion coincides with the pre-Summer peak dieting season. On the free cassette you can hear a dieter, Rachel, learn all about the Slim Fast Plan as she gets advice from a leading doctor, a dietitian, a home economist and a pharmacist. The 40-minute tape also includes a light aerobic workout routine specially designed to assist in healthy weight loss.

Chemist Brokers will be distributing counter display packs of cassettes, window show cards, and shelf edgers for the " Lose weight feel great" promotion from late May *while stocks last.*



HELPING YOU BUILD YOUR BUSINESS THROUGHOUT THE YEAR.

Did you know that over £1.2 billion worth of OTC medicines were sold last year? And that £468 million of those sales were pharmacy-only medicines?

In fact, pharmacy-only medicines represent one of the biggest growth areas ever for pharmacy.

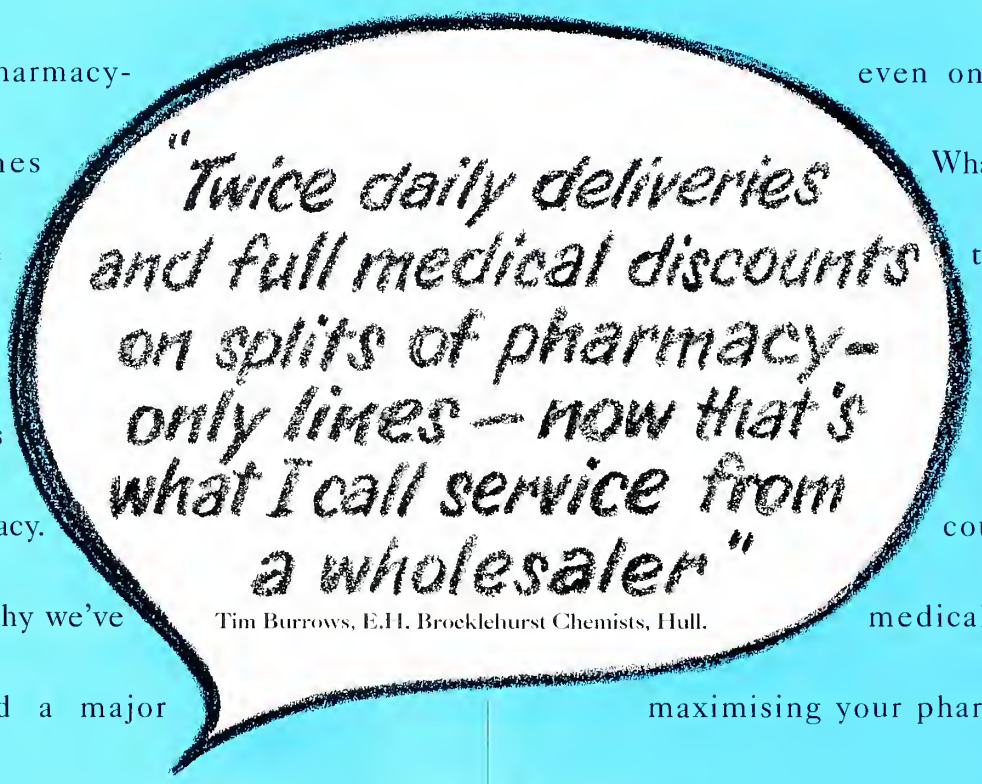
Which is why we've just launched a major new initiative to help you cash in on their increasing importance.

From May 1st, we've switched all pharmacy-only medicines from our counter service to our medical service.

So not only will you benefit from twice-daily deliveries – enabling rapid response to customer demand, reducing stock holding and ensuring fewer out-of-stocks – you'll also enjoy full medical discounts, even on singles.

What's more, your turnover on pharmacy-only medicines will count towards medical thresholds, maximising your pharmacy's profit even further.

Increased deliveries and increased profits on pharmacy-only medicines – it's just another example of our continuing commitment to provide our customers with the very best service available.



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Tilt the playing field in your favour

In the current climate of market forces, multiple domination and Treasury-driven decisions, independent pharmacists cannot be blamed for thinking that the goal posts have disappeared altogether. The time for action is now, suggests Royal Pharmaceutical Society Council member Gill Hawksworth

In the current climate of NHS change, we as a profession cannot escape it! Not many like change, especially when it is thrust upon them, but change we must! Managing change is always easier when you are in possession of the facts and the only way to do this is to keep up to date with current pharmaceutical affairs. Those community pharmacists not actively involved in LPCs and branch activities may not have sufficient background knowledge to act on and plan for this change.

A week is a long time in pharmaceutical politics and even pharmacists with their fingers on the pulse are having to monitor closely the many local initiatives and the movement of purchasing from FHSAs to commissioning authorities.

As providers, pro-active LPCs and individual pharmacists are forging ahead to become more involved with the wider issues of health espoused in "Health of the Nation" and targeting local healthcare needs and community care.

"Change with the change" is the name of the game and those who resist it will have difficulty in surviving.

However, many pharmacists react in a hostile way to change. But as a profession we have proved that we are able to adapt to change over the generations. In the past, successful pharmacists or companies were those with sufficient vision and foresight to predict what the future may hold. They were then also able to affect future events in order to effect the change they foresaw. Hence they were much more likely to achieve personal, professional and financial success.

Marketing

It is time to take on board the idea of "marketing the profession". Community pharmacists, as providers of a service, will have to market that service to the purchasers — FHSAs, Social Services and commissioning authorities. It may be that this could also include GP fundholders. Hospital trusts are, however, service providers.

It is essential also that we market pharmacy inter-professionally, to other healthcare professionals with whom we will be involved in providing services, including those working within Social Services. We need to all understand our individual professional roles in relation to one another, so that we can work together in "locality teams".

Marketing does not stop there. We have a job to do with regard to the public. This goes one step further than public relations. Community health councils, on behalf of the public, need to be in no doubt what community pharmacists contribute as experts in medicine to the local community.

Continued on p868

Continued from p867

A full pharmaceutical service is not just the dispensing of prescriptions. Practice leaflets serve in one way to do this on an individual basis, but there needs to be a generic version that applies to the profession on a local basis.

Intra-professional marketing applies to the community/hospital interface. Once again we both need to understand how each of these two branches of pharmacy work independently and how they can liaise together to exchange information, knowledge and skills on behalf of the patients' continuity of care.

Marketing has been with industrial pharmacists for a long time and hospital pharmacists have taken it on board by developing clinical pharmacy services in hospitals and, more recently, in trusts.

Marketing plans must be drawn up aimed specifically at each of the potential customers, hence community pharmacists must develop this strategy with regard to the locally-negotiated global sum in the future. FHSAs need to be targeted by marketing the potential of the community pharmacist in the seven key areas on the menu:

- collection and delivery services
- domiciliary visiting
- out of hours services
- residential home services
- hospital discharge
- health promotion
- special needs groups.

Also of prime importance to FHSAs are the "Health of the Nation" targets. Pharmacists may be required to contribute to coronary heart disease and stroke reduction through their participation in smoking cessation programmes; healthy eating initiatives; diabetes care; cholesterol testing; and blood pressure monitoring.

Community pharmacists also have a key role to play in other "Health of the Nation" targets such as mental health, cancers, sexual health and accidents. High priorities in the future will be asthma and diabetes.

One of the barriers in the past has been the pharmacists' perception of their role which has not been identified as having an involvement in such areas.

Smoking cessation is a major risk factor in CHD and now the pharmacist is a key player in helping patients take responsibility of their own health. With the shift in focus of the deregulated nicotine replacement therapy from medical control to the sale under the supervision of a pharmacist, this is especially true.

The profession must take on board the message that the wider issues of health are our business now, just as much as the core function of being experts in dispensed and over-the-counter medicines. This will, of course, always be our main role and the basis of many of our future developments such as interpreting PACT data, formulary development and drug review.

Deregulation

Recently many more medicines have been deregulated from POM to P with the consequence that pharmacists need to be aware that supervision of the sale of P medicines is under the spotlight more than ever. Protocols of medicine sales using appropriately trained staff are the way forward in this respect.

Community care: it is a fact of life now that as people are discharged into the community more quickly and with the shift of emphasis to care in the community, we will be obliged, as healthcare professionals in the community, to develop into the new situation.

Social services have a budget

for this which is outside the global sum and is a potential new source of income for community pharmacists who market their services through the correct channels. The healthcare needs assessment process and the care management process need to recognise the potential contribution of community pharmacists to the local team.

Locality development: different areas have approached the development of "locality teams" — the primary healthcare team plus social services involvement — in different ways. Local joint training will be important once this has been established and areas will differ as obviously as the needs of the locality.

Local healthcare needs will have to be established before local purchasers can be sure which services are required. Hence the likelihood of pharmacists developing different services in different localities, eg drug dependency may be an issue in one area whereas the next locality may have an acute mental health problem. Local discharge planning policies may require community and hospital pharmacists to work together to meet specific needs, ie cystic fibrosis patients out in the community, ostomy and incontinence.

Business planning

Pharmacists need to assess the services they may be required to offer in the new healthcare environment and act upon it. This is an old skill with a new technique. Community pharmacists have always been required to fulfil the dual role of a professional with business management skills including business planning.

The larger companies are good at identifying a need and planning business developments to satisfy the demand. Now the opportunity has arisen for independent community pharmacists to identify local healthcare needs and plan the business around service development, alongside the traditional pharmaceutical services.

Not all pharmacists, especially single-handed practitioners, will be able to provide all the services required in an area. Specialisation will become necessary, so different pharmacies provide different services which complement each other to give a comprehensive pharmaceutical service in an area. Obviously those pharmacies with two pharmacists will have further options open to them. A pharmacist as a prescribing advisor to local fundholding GPs may be one such option, domiciliary visiting could be another.

The element of competition is not new, so that any tendering for services will be a natural extension to this. It is time to plan ahead and identify areas of educational needs for the pharmacists who may be about to embark on the development of a new service. Quality assurance will be imperative. The RPSGB will play a key role in laying down guidelines and protocols to adhere to, but training, preparation and collation of up to date knowledge will be of the utmost importance.

Education and audit

Keeping up to date by reading articles in the pharmaceutical Press has always played a great role in professional development. CPPE distance learning courses and workshops provide a full range of topics to cater for the many different educational needs of future pharmacists concentrating on service development, therapeutics and professional skills.

Certificates of attendance are issued at workshops, and distance learning packages include an assessment in the form of a multiple choice questionnaire which the centre will mark and feed back to let you know your performance. This would help in self-audit to determine at what level your current knowledge lies.

Continuing education in the future will probably be a requirement of the practice allowance and hence it is important for pharmacists to "audit" their current and future commitment. Local CPPE tutors will be addressing local educational requirements, so it is important to take an interest in which topics are on offer. Some community pharmacists may wish to take part in postgraduate qualifications such as community pharmacy diplomas or take examinations for the College of Pharmacy Practice.

Another important issue is taking part in audit. Once a system of audit facilitators is in place, community pharmacists will be encouraged to take this on board through self-audit or peer review. This will promote professional development and increase standards of practice, from within rather than it being forced upon us (external audit). This will pave the way for multi-disciplinary clinical audit in the future. FHSAs will be looking for audit involvement also as part of the practice allowance in the future.

It is a simple concept to grasp: to improve standards that industrial, hospital and academic pharmacists have had to live with for a long time; as is accreditation. Practice research to provide evidence of pharmacy practice will in the future play a very important role in health economics issues regarding patient health gain and this could be linked to audit.

Standards

RPSGB inspectors have always taken responsibility for improving standards in community pharmacies. External and internal appearance is the public face of our profession and each community pharmacist plays an important role as a public relations officer to the local community. High standards of presentation and professional practice go hand in hand with our standing as healthcare professionals to FHSAs. In the future, with 3 per cent of the budget to negotiate locally, FHSAs will be looking for high standards and quality assurance on all counts.

Obviously, purchasers of services will need to be sure that these standards are being upheld and service provision will no doubt become more accountable in the future. PMRs and residential homes are monitored at the moment by FHSAs, but in the future this monitoring could extend to other services funded on a local basis.

Purchasers will be keen to negotiate services which are value for money and so community pharmacy must in the future be seen to be providing high-quality, value for money services that fit into local healthcare needs. This will necessitate taking on board an initial audit of services, the planning of professional development and training accordingly with careful professional marketing playing an important role.

There are seven million customers who've dreamed of this.

A revolution in night-time pain relief.

For the seven million people who suffer from night-time pain, new Anadin All Night could come as a welcome relief.

Unlike most analgesics, which need to be taken every 4 hours, Anadin All Night is a unique controlled release aspirin formulation, specifically designed to relieve pain throughout the night.

Taken 1-2 hours before bedtime, Anadin All Night is gradually dispersed throughout the GI tract, which may minimise local gastric side-effects. This sustained analgesia permits pain-free sleep without early morning drowsiness.

Anadin All Night is being supported by a £1.7 million launch campaign on TV and national press with extensive pharmacy education and point of sale materials. For seven million people this could be the pain relief of their dreams.

AVAILABLE ONLY FROM PHARMACIES

Product Information Anadin All Night Analgesic Tablets Presentation Sustained release tablet for oral administration Each tablet contains aspirin Ph Eur 300mg Uses For the treatment of mild to moderate pain, particularly overnight treatment Dosage Adults and the elderly Two tablets 1-2 hours before retiring for the night Children under 12 Not recommended unless under the supervision of a doctor Contra-indications Active peptic ulceration, bleeding tendency (hypoprothrombinaemia, vitamin K deficiency, haemophilia), [illegible] oedema, hypersensitivity to salicylates Interactions May potentiate the effects of oral anticoagulants, oral hypoglycaemics and methotrexate The diuretic effect of spironolactone may be reduced Special warnings Do not take any other painkiller while taking this product Precautions Not applicable Side effects Gastrointestinal disturbances such as dyspepsia and epigastric pain Highly sensitive individuals may experience minor gastric bleeding, skin rashes, anaphylactic reactions, asthma or angioedema Tinnitus with [illegible] may precipitate nausea and vomiting, dizziness and reversible hypoprothrombinaemia may occur Effect on ability to drive & use machines None known Incompatibilities None known Use in pregnancy Not recommended Overdosage Only persons unduly [illegible] after taking the product at the recommended dosage level Such persons should discontinue use whereupon symptoms should subside Severe intoxication from heavy overdosage is shown by hyperventilation, fever, restlessness, ketosis, respiratory alkalosis and [illegible] acidosis, CNS depression may lead to cardiovascular collapse and respiratory failure Treatment is by induced or aspirated gastric emptying Forced alkaline diuresis may be required after correction of acidemia by sodium bicarbonate infusion Cardiac or renal impairment may require haemodialysis or peritoneal dialysis Anti allergic reactions to aspirin can be treated by administration of adrenaline, corticosteroids and an antihistamine Pharmaceutical precautions Store in a dry place, at a temperature not exceeding 25°C Legal category: P Package quantities: Blisters of 10 tablets, packed in cartons of 10 or 30 Product licence no PL 0165/0103 Date of preparation: May 1994 Shelf life: 2 years Price: RSP £1.95 £3.95 Whitehall Laboratories Limited, Taplow, Berkshire SL6 0PH *Trade mark

WHITEHALL

PSNC pushes for 100 pc advance payment for scripts

Virginia Bottomley, Secretary of State for Health, is to address the issue of advance payment for prescriptions this year.

Speaking at the reconvened Local Pharmaceutical Committee Conference last weekend, Pharmaceutical Services Negotiating Committee chairman David Sharpe informed delegates that: "We urged the Secretary of State that this [the current system of 80 per cent advance payment] was causing terrible problems for contractors at all levels."

Mrs Bottomley agreed that she would "constructively address and negotiate this problem during the forthcoming year", despite estimates that moving from 80 per cent to 100 per cent advance payment would cost the Treasury £39 million.

During Mr Sharpe's latest meeting with Mrs Bottomley, some two weeks ago, he highlighted the Government's policy of linking contractors' pay awards with productivity. "As contractors we have increased productivity year on year without further recompense," Mr Sharpe pointed out to Mrs Bottomley.

Turning to the further problem of expensive prescriptions, Mr Sharpe also requested that the Government increase the allowance from 1 per cent on prescriptions costing over £50 to 2 per cent.

However, Mrs Bottomley proved to be intransigent to what she deemed to be "a return to the days of on-cost", despite Mr Sharpe's protests to the contrary. The matter will continue to be debated by the PSNC.

Transitional payment to be kept?

PSNC is optimistic that the transitional payment for pharmacies dispensing between 1,000-1,500 items a month may continue.

PSNC chairman David Sharpe told delegates: "I genuinely believe there is going to be a delay in moving away from the threshold in April 1995."

However, he dispelled reports that the threshold may be reduced to below 1,000 items. "This is something we will continue to discuss within PSNC, but it is not current policy."

He also believed that the Government was "backing off" from devolving 20 per cent of the global sum to family health services authorities until "some time in the future".

The amount devolved from 1995 will be 2-3 per cent, said Mr Sharpe. "It strikes me that the Department of Health has accepted our argument that neither the health agencies ... nor the LPCs and contractors are ready for a change that would involve such significant sums of money."

Annual dinner gets reprieve

The yearly question of the future of the annual PSNC dinner was hotly debated. This was despite chairman David Sharpe producing the results of the latest survey on the topic which showed some 69 LPCs in favour of retaining the dinner with only seven against.

Proposer Christine Tomlinson (Bolton LPC) believed that the money-saved by discontinuing the dinner could be used to fund local PR events.

She also said that the event could be "less opulent" and an amendment was proposed that it be reduced in scope. This was rejected by the chair on the grounds that it was negative. The motion was lost.

A further motion, proposed by Andrew Bond of Somerset LPC, stated that the conference and dinner does not represent good value for money and "consideration should be given to creating a function of higher political profile".

Mr Bond pointed out that there had been problems with the dinner in the past with MPs forced to stay away to attend last-minute debates. Any future dinner should be held within the House of Commons division bell, he said.

He also asked that there should be a "tighter selection process for the guest list" to remove hangers-on.

David Sharpe informed delegates that next year's dinner was provisionally booked for March 6 at the QE2 Conference Centre, directly opposite the House of Commons. It had previously not been used because the cost was too prohibitive, but it had now dropped in price.

PSNC's Godfrey Horridge revealed that this year's dinner cost £17,000, excluding individual LPC expenses.

The motion was lost.

How the vote goes

Pharmacists will be able to discover how individual PSNC members vote on particular issues, following a motion proposed by Brent & Harrow LPC.

Seconding the motion, Michael Parker (Brent & Harrow), pointed out that: "It will enable us to find out who votes on what and how we can influence individual members of the PSNC."

- The importance of public relations to the profession was the next item on the agenda.

The first motion, proposed by City & East London and Manchester LPCs, called for "a high profile campaign run by a professional PR company". The campaigns run by PSNC were deemed to be "low profile and failed to deliver anything except a derisory 2.3 per cent [increase in the global sum]".

The cost of a campaign could be covered by levying a £1 charge each week on each pharmacy, raising £600,000 annually, it was argued.

The chairman pointed out that PSNC had used PR consultants in the past, but had noted that it is what pharmacists do at grass roots that "creates the best, or the worst, public relations in terms of pharmacy".

The motion was lost.

Geoff Tims of Salford LPC proposed that PR should take the form of paid consultant MPs to represent the profession's interests in the House of Commons.

He had a friend who is an MP and the son of a pharmacist. "He considers a parliamentary consultant the most effective way of influencing Parliament and recommends two MPs, one from each side of the House," said Mr Tims.

Although the PSNC had garnered a group of interested MPs to act as a focus for pharmacy interests, this is still "rather hit and miss", he concluded.

The motion was carried.

- The PSNC is to urge the Society to prevent prescriptions being faxed or transferred from a non-contract pharmacy to a contracted pharmacy, following a motion from Essex LPC.
- PSNC is to ensure that professional representation is retained on any local health authority or commissioning agency from April 1996 onwards.
- A regional structure to support the activities of LPCs is to be established.
- The PSNC will negotiate to enable pharmacists to provide a needle and syringe disposal service to diabetics.

Constitution investigation working party announced

Membership of a working party, which has been set up to investigate the constitution of the Pharmaceutical Services Negotiating Committee and the structure of local pharmaceutical committees, has been announced.

The working party is being initiated as a result of a motion that proposed by Avon LPC at the LPC Conference in February earlier this year.

The newly-created body comprises four members from LPCs who are not elected members of any other pharmaceutical body. They are:

- Charles Butler
- John Donoghue
- Robert Onley
- Mike Smith.

In addition, the working party will include one representative each from the National Pharmaceutical Association, the Co-operative Chemists Association, the Co-operative Pharmacy Technical Panel, plus the secretary and the elected members of the PSNC.

John Donoghue told *C&D* that the working party's starting point will involve examining papers and documents put together by a previous working party which looked into the PSNC's constitution, and which reported in June 1988.

The PSNC will be obliged to act on the recommendations of the working party, as a result of an additional motion proposed by Sunderland LPC.

Businessnews

Newly-elected BGMA chair Lynda Foster listens to junior Health Minister Tom Sackville speak on generic substitution

BGMA hears of plans for substitution

The Government will follow up the British Medical Association's recent approval of pharmacists being given "tick-a-box-or-not" discretion by GPs to substitute a generic for a brand, junior Health Minister Tom Sackville told the British Generic Manufacturers Association at their annual dinner last week.

He also felt that the Government was duty-bound to explore the GPs' new position when, for a decade or more, they have been linked with pharmacists and industry in opposing generic substitution.

BGMA director Warwick Smith spoke for the BGMA (Lynda Foster, the new chair, had just been elected that afternoon following the recent resignation of Steve Stocks).

Mr Smith repeated the message Mr Stocks gave last year. The BGMA is "not in the business of attacking the branded sector. Today's brand is the seed corn of tomorrow's generic. The two sectors of the industry each have their role to play".

Coming Events

Monday, May 23

Ogwr Branch, RPSGB, at the Pyle and Kenfig Golf Club, 7.30pm. AGM.

Thursday, May 26

Weald of Kent Branch, RPSGB, at the Headway Day Centre, Pembury Hospital, 7.45 for 8pm. AGM and visit to the Centre. Speakers: councillor Dennis Smith and Michael Munro, chairman and president respectively, of Headway Tunbridge Wells Group.

SB face UK Augmentin patent challenge

Smithkline Beecham will be defending their UK Augmentin patent after a challenge from Norton Healthcare.

The dispute concerns all forms of the antibiotic, according to Jon Close, Baker Norton's managing director and a director at the parent company, Norton Healthcare. Sales of Augmentin worldwide reached £759.6m last year. Sales figures for the UK were not available.

Norton hope to revoke one of the process patents SB hold on the grounds of obviousness, saying that there is an overlap with an earlier patent that expires in April 1995.

If Norton are successful, they will sell oral forms of generic Augmentin from that date, including 375mg and 625mg tablets, as well as the suspension form. This would be their third major patent dispute victory in recent months.

Earlier this year the Court of Appeal judged that Norton were not infringing Merrell Dow's UK terfenadine patent (*C&D* February 26, p358). A fortnight earlier, Bayer failed to prevent Norton manufacturing nifedipine in the UK (*C&D* February 12, p264).

Smithkline Beecham have been keeping their patent lawyers busy this week. Last Tuesday saw their US Tagamet patent expire prompting a series of measures to defend the drug from generic competition.

They settled their patent dispute with Novopharm out of court after Novopharm said they would change the colour of their cimetidine tablets to dark green to avoid confusion with Tagamet's pale green colour.

SB have also extended their rebate programme in the US to offer $20 off the cost of a Tagamet prescription to those patients without health insurance, twice as much as before. This would bring down the cost of a course of 400mg Tagamet taken twice daily to $62.84, considerably lower than Zantac, Pepcid or Axid.

These measures are in addition to SB's plans to sell their own generic form of Tagamet (*C&D* May 14, p828) in the US.

ABPI tightens up code

The Association of the British Pharmaceutical Industry has updated its Code of Practice on promotions to health professionals, placing more restrictions on drug companies' marketing plans.

These changes come into force from September 1 this year and cover promotion of Prescription Only Medicines to pharmacists:

- The requirements for making prescribing information easier to read have been spelled out in the code. Restrictions on type size, spacing and colours used are some examples
- "Promotional aids", such as pens, must not cost the drug manufacturer more than £5 plus VAT, nor bear the company's address
- Prizes in promotional competitions must not cost over £100 plus VAT
- A company can only give each health professional ten free samples of any one product a year
- The medicine's name must appear in a full-length advertisement. The non-proprietary name must now be placed immediately adjacent to the brand name
- Information required on side-effects have been revised so that the word "safe" cannot be used without qualification.

Co-op pharmacy refitted

The in-store pharmacy at Anglia Co-operative Society's Rainbow supermarket in Market Deeping, Lincolnshire, has been designed and fitted out by local firm Astore Harrison.

The 480 sq ft pharmacy is in the lobby area of the supermarket and has been designed to match exisiting Co-op pharmacies.

Counters, wall units and gondolas are all finished in the pharmacy division's corporate colours — mid-blue and cream — with shelving in cream with solid oak lipping. Panels and trim are made from a mid-blue, high-gloss laminate.

Gondola units have been custom-designed with semi-circular display shelves at each end, again trimmed in oak.

The Rainbow pharmacy wears the Co-op's blue and cream uniform

Both the fascia and internal signage feature chrome lettering on a clear Perspex panel, mounted on thin chrome bars against a blue background.

Recessed low-voltage lights were used throughout the shop.

Volumes plummet

"Chemists" reported a sharp reduction in volumes on an annual basis for the second month in a row, according to the Confederation of British Industry's latest retail figures. These figures were echoed by the latest KPMG/*Retail Week* report which says smaller retailers were hit hardest last month.

YPA not dead yet

The Yorkshire Pharmaceutical Alliance have not given up the ghost following their failure to set up a joint venture with Mawdsley-Brooks, despite comments to the contrary last week (*C&D* May 14, p828). According to one of the YPA's founder members Elliot Goran: "We are actively looking at other possibilities." More details to follow.

Numark shine out

Pharmacies can use a new illuminated shop sign, known as a Lumisign, to project the Numark image. It can either be suspended in the window or inside the pharmacy. The initial cost is £89 plus VAT, with daily operating costs estimated at three pence.

Tax help at hand

Allied Dunbar have explained the tax status of self-employed people in the latest edition of their tax handbook. Published by Longman, it is available from good bookshops priced £19.99.

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About people

Dickinson collects Charter Gold Medal

Raymond Dickinson receives the Charter Gold Medal from RPSGB president Nick Wood at last Wednesday's annual meeting

Raymond Dickinson was presented with the Pharmaceutical Society's highest honour, the Charter Gold Medal, at its annual meeting held last Wednesday.

Saying he was "absolutely astonished at the decision", Mr Dickinson, the Society's deputy secretary, noted he had worked with all but one of the previous recipients of the award, and had been concerned to realise he would be responsible for getting his own medal engraved.

Presenting the medal, Society president Nick Wood recalled a distinguished career. Mr Dickinson was a Council member from 1964-67 while working as assistant manager of wholesaler Mawson & Procter in Newcastle.

He joined the Society as assistant secretary in 1967, and became deputy secretary in 1975. From 1981-86 he was secretary of the fledgling College of Pharmacy Practice, then moving across to become secretary of the Commonwealth Pharmaceutical Association, a post he still holds. He became a fellow of the Society in 1975 and was awarded an OBE in 1991.

The Charter Silver Medal was presented to third generation pharmacist Douglas Davidson to mark outstanding contribution to the profession at local level. He has served on the Pharmaceutical General Council and as a Society Council member and is a leading light of the Agricultural and Veterinary Practice Group.

Putting in a plug for the ag & vet diploma in his speech of thanks, he observed that animals are much easier to counsel because you can't ask them questions.

Hemant Patel talks to *Bella*

Pharmacy Support Group chairman Hemant Patel has highlighted his concern about the mounting cost of prescriptions in the women's magazine *Bella*.

In an article titled "Too broke to be ill", in the May 11 edition, he says: "Customers come in with prescriptions for two or three items and ask which ones they can do without. Often, I know that without medicine their illness will get worse ... I sometimes say: 'Take both medicines now. Pay for one today and the other next week when you get paid again.' Prescriptions should be free."

The article then goes on to feature patients who have gone without medicines because they cannot afford to pay prescription charges.

Heading the piece is a photograph of Mr Patel advising a patient at his Dagenham store.

Minister welcomes pharmacy resource book

Baroness Cumberlege, Parliamentary Under Secretary for Health in the House of Lords, has welcomed a new book designed to help pharmacists make the most of health promotion opportunities in the NHS.

Published by the Health Education Authority, "Health Promotion and the Community Pharmacist" was put together by the National Pharmaceutical Association's information department. A free copy has been sent to all community pharmacies.

Baroness Cumberlege said last week: "With six million people visiting pharmacies every day there can be little doubt that community pharmacists have a vital role to play in encouraging the public to take more of an interest in healthy living. Advice can have a great impact, and providing the right information at the right time in an appropriate way undoubtedly helps people to change their lifestyles for the better."

HEA chairman Sir Donald Maitland has been pleased with pharmacists' response to the book. He said: "Given their unrivalled access to members of the public, pharmacists are essential players in local health promotion."

Promoting health (l to r): Sir Donald Maitland (retiring HEA chairman), Tim Astill (NPA director), David Coleman (Council member) and Baroness Cumberlege (Parliamentary Under Secretary of State for Health)

Father and son retire

Bolton pharmacist Kingsley Melling is retiring at the grand old age of 90. But he won't be facing a life of leisure alone as his son George, 59, and also a pharmacist, will be retiring too.

Although Kingsley officially retired in 1961, he has been working as a relief pharmacist for over 30 years since. "I never really intended to go into business, but I was still doing the job 64 years later," he says.

He entered pharmacy almost by accident, taking his brother's place at Brindle's Pharmacy College in Manchester, and later going on to win the first Leverhulme Gold Medal.

After qualifying in 1925, he spent the next five years working throughout the country before opening a shop in Horwich.

Arab gang still loose

London pharmacists are being warned that a gang of thieves wearing Arabian clothes is still active in the area (*C&D* February 12, p235).

A woman and two accomplices, of Middle Eastern origin and dressed in black robes, tried to con their way into The Village Pharmacy's dispensary in Harlington, Hillingdon, on April 23.

The woman told pharmacist Ronit Patel that she was suffering from thrush and wanted to have a private talk in the dispensary. As she tried to make her way into the dispensary, her accomplices browsed around the shop.

They then tried to buy toothpaste with a £50 note. Mr Patel refused to open the till and the gang, on this occasion, left empty-handed.

Tony Nolan, the pharmacy contracts manager at Hillingdon Health Agency, has warned other pharmacists in the area to be on the lookout. "I suggest that they contact the police straight away if this gang is acting suspiciously."

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Tagamet 100 cimetidine

Product Information

Presentation White elliptical film coated Tiltab tablet containing 100 mg cimetidine. **Dosage and administration** *Adults (incl. the elderly), children 16 years and over:* Relief of heartburn, dyspepsia, hyperacidity: Two tablets with water when symptoms appear. If symptoms persist for more than 1 hour after the first dose, a second dose may be taken, but no more than 4 tablets in any 4 hours and no more than 8 tablets in any 24 hours. Prophylactic management of nocturnal heartburn. One tablet with water one hour before bed time. In all cases, not to be taken for more than two weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. *Not to be given to children under 16 years of age.* **Use** Short-term symptomatic relief of heartburn, dyspepsia, hyperacidity. Prophylactic management of nocturnal heartburn. **Contra-indications** Hypersensitivity to cimetidine or any of the excipients. **Precautions** Not recommended in patients: with impaired renal function, hepatic impairment; taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing dyspeptic symptoms, any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with a history of peptic ulcer and on NSAIDS, esp. elderly; with compromised bone marrow; in pregnancy and lactation; with any other illness, using any medication, under medical supervision for other reasons. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heart block, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of reversible impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence** number 0002/0230. **Retail Price** Tablet (12's) £2.29, (24's) £3.99. **Legal category** P. **Date of preparation** 9 March 1994. 'Tagamet' and 'Tiltab' are trademarks. SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex TW8 9BD. Telephone number: 081-560 5151.

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OTEX Registered Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7J **Active Ingredient**. 5.0% w/w Urea hydrogen peroxide. **Directions:** Tilt head, and gently squeeze 5 drops into ear. Leave for a few minutes and then wipe surplus with tiss Repeat once or twice daily for approximately 3-4 days or until symptoms clear. **Indications:** For the removal of hardened ear wax. **Precautions:** Do not use if sensitive to ingredients, if ear drum is damaged or if any other preparation is being used in the ear. Keep away from eyes. If irritation or pain occurs, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY **Legal Category:** P **Packs:** Bottles of 8 ml (PL 0173/0151), price £2